2010 Louisiana Caring Communities Youth Survey

Results for

Capital Area Human Services District (CAHSD), DHH Region 2

2010 LouisianaCaring Communities Youth Survey

Sponsored by



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2010 Capital Area Human Services District (CAHSD), DHH Region 2 CCYS Summary

This report summarizes the findings from the 2010 Louisiana Caring Communities Youth Survey (CCYS), a survey of 6th, 8th, 10th, and 12th grade students conducted in the fall of 2010 and January of 2011. The results for your DHH region are presented along with comparisons to the results for the State of Louisiana. In addition, the report contains important information about the content of the survey, and suggestions and guidelines on how to interpret and use the data for prevention planning.

The Louisiana CCYS was originally designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors identified in the Risk and Protective Factor Model of adolescent problem behaviors. These risk and protective factors have been shown to predict the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth. As the substance abuse prevention field has evolved, the CCYS has been modified to measure additional substance abuse and other problem behavior variables to provide prevention professionals in Louisiana with important information for understanding their communities. Some examples of these additional variables include the percentage of youth who are in need for alcohol or drug treatment, measures of community norms around alcohol use, and bullying.

Table 1 contains the characteristics of the students who completed the survey from your region and the State

of Louisiana. A total of 709 schools across Louisiana participated in the survey. Since students are able to select more than one race or ethnicity, the sum of students of individual categories may exceed the total number of students surveyed. Because not all students answer all of the questions, the total count of students by gender (and less frequently, students by ethnicity) may be less than the reported total students.

Comparisons between the number of students completing the survey and the student enrollment in your community and the state are shown on Table 2. The total percentage of students completing the survey and the percentage from each grade are shown in the "Percent" column.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.

Coordination and administration of the Louisiana CCYS was a collaborative effort of Department of Health and Hospitals, Office of Behavioral Health (OBH), Addictive Disorders Services; Regional Prevention Coordinators; Department of Education; Cecil J. Picard Center for Child Development and Lifelong Learning, University of Louisiana at Lafayette; and Bach Harrison, L.L.C. For more information about the CCYS or prevention services in Louisiana, please refer to the *Contacts for Prevention* section at the end of this report.

	Region	n 2006	Regio	n 2008	Region	n 2010	State	2010
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Grade								
6	4,000	30.0	4,054	27.3	4,326	28.9	33,149	31.4
8	3,724	27.9	4,384	29.5	3,977	26.5	30,316	28.
10	3,128	23.5	3,584	24.1	3,734	24.9	23,387	22.2
12	2,476	18.6	2,836	19.1	2,956	19.7	18,662	17.7
Gender								
Male	6,021	46.1	6,641	45.9	6,875	47.3	49,230	47.8
Female	7,047	53.9	7,832	54.1	7,667	52.7	53,822	52.2
Ethnicity*								
African American	7,036	52.8	7,700	49.1	7,758	49.3	38,871	34.7
Asian	275	2.1	646	4.1	405	2.6	2,273	2.0
Hispanic	306	2.3	620	4.0	687	4.4	5,373	4.8
Native American	308	2.3	348	2.2	412	2.6	3,823	3.4
Pacific Islander	34	0.3	209	1.3	91	0.6	749	0.7
White	4,913	36.9	5,513	35.2	5,809	36.9	56,394	50.4
Other	455	3.4	639	4.1	577	3.7	4,412	3.9

	Pacific Islander	34	0.3	209	1.3	91	0.6	749	0.7	community. Please note that in order to be included in the charts and tables in this report, grades must meet a minimum cutoff of 20
	White	4,913	36.9	5,513	35.2	5,809	36.9	56,394	50.4	participating students. However, data are presented in Table 2 for all
	Other	455	3.4	639	4.1	577	3.7	4,412	3.9	participating grades, even those grades surveyed that did not meet minimum cutoff criteria.
*	Beginning in 2008, student	ts were end	couraged to	mark all a	applicable	ethnic cate				

Table 2. S	urvey Comp	letion Rate)			
	F	Region 201	0		State 2010)
	Number Surveyed	Number Enrolled	Percent	Number Surveyed	Number Enrolled	Percent
Grade						
6	4,326	6,521	66.3	33,149	53,554	61.9
8	3,977	5,997	66.3	30,316	51,202	59.2
10	3,734	6,093	61.3	23,387	48,594	48.1
12	2,956	4,872	60.7	18,662	40,175	46.5
Total	14.993	23.483	63.8	105.514	193.525	54.5

Table 1 provides demographic information for the survey participants in your community.

Table 2 provides enrollment and completion information for your

The Risk and Protective Factor Model of Prevention

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the 19 risk factors and five problem behaviors. The check marks indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community, and peers; and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- 1. Opportunities for young people to actively contribute
- 2. Skills to be able to successfully contribute

3. Consistent recognition or reinforcement for their efforts and accomplishments

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families, and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, it is necessary to address the factors that predict these outcomes. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

In addition to helping assess current conditions and prioritize areas of greatest need, data from the Louisiana CCYS can be a powerful tool in applying for and complying with federal programs such as the Strategic Prevention Framework process and the No Child Left Behind Act.

□ Risk		(Comm	unity				F	amily		Sc	hool			Peer	/ Individu	ıal		
□ Risk Factors	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Deprivation	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behaviors	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness	Friends Who Use Drugs & Engage in Problem Behaviors	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors
Substance Abuse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Delinquency	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Teen Pregnancy						1	1	1	1		1	1	1	1		1	1		
School Drop-Out			1			1	1	1	1		1	1	1	1	1	1	1		
Violence	1	1		1	1	1	1	1	1	1	1	1	1	1		1		1	1

SOURCE: COMMUNITIES THAT CARE (CTC) PREVENTION MODEL, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)

Data-Driven Strategic Planning: Risk and Protective Factor Model

Why conduct the Louisiana Caring Communities Youth Survey? Data from the CCYS are important for building an understanding of the substance use priorities in your community, and can help your community develop a data driven strategic prevention plan to address the areas of greatest need. The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) has emphasized data driven strategic planning guidelines using the Risk and Protective Factor Model, and more recently, the Strategic Prevention Framework (SPF) Model through incentive grants provided to states. These two planning models share much in common and utilize many of the same planning steps and tasks. Specifically, both planning models advocate the collection and use of data to identify needs, resources and community capacity. Based on these data, communities can establish substance abuse prevention priorities to be addressed. Next, both models encourage the implementation of strategically chosen evidence-based programs and interventions to address the identified priorities. Finally, the two models promote the collection of evaluation data to ensure the desired outcomes are achieved. An overview of the basic planning steps and tasks for both the Risk and Protective Factor Model and SPF Model is provided below.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- Community Needs Assessment: While planning prevention services, communities need understand the factors that cause substance use and abuse in their community. Communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data in order to establish prevention priorities for their community. CSAP encourages states to consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. The results of the CCYS (presented in this Profile Report and in results reported at the State level) are particularly useful in helping to identify the prevention needs in your community.
- Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and any gaps in services and capacity.

 Community Readiness Assessment: It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By understanding risk and protective factors in a population, as well as other causal factors at work in the community, prevention programs can be implemented that will reduce the most influential causes of substance abuse in your community. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

 $^{^{\}rm 1}$ Adapted from CSAP's Strategic Prevention Framework State Incentive Grants Request for Application (2008)

Prevention Planning: Risk and Protective Factor Model

For communities using the Risk and Protective Factor Model of prevention as their guide, the CCYS is an ideal source of information for planning purposes. Because the CCYS was specifically developed as a means for assessing the levels of risk and protective factors within the community, the data are particularly relevant to planning using this model.

When using the Risk and Protective Factor Framework for prevention planning, the focus is primarily on identifying the risk and protective factors that are the most problematic within your community and choosing evidence-based programs to address these priority risk and protective factors. In theory, by reducing areas of high risk and bolstering areas of low protection, substance abuse and other problem behaviors in youth can be reduced. An examination of the Risk Factor Profile and Protective Factor Profile

charts provided in this report, will allow you to compare the relative levels of each risk (or protective) factor measured by the survey. In so doing, the data will reveal what risk and protective factors your community should pay most attention to, and which factors are relatively low priorities for prevention resources. Once problematic risk and protective factors have been identified, this information can be used in conjunction with information about the existing prevention resources, and community readiness, to identify the priority risk and priority factors that should be addressed with the prevention resources available to your community.

For more information about prevention planning using the Risk and Protective Factor Framework, contact the State Office of Behavioral Health (OBH), Addictive Disorders Services (see contacts section).

Prevention Planning: Strategic Prevention Framework (SPF) Model The SPF Model of prevention planning is the most current planning model endorsed by CSAP. The SPF planning model, while differing in focus from the Risk and Protective Factor Model, is actually quite similar in regards to process. While the Risk and Protective Factor Model of prevention planning focuses on identifying prevention priorities based on areas of higher risk and lower protection as a Assessment means for ultimately reducing substance use and problem behaviors, the SPF Model has a broader focus. Within the SPF, it is important for prevention professionals to understand what substance use related consequences are **Evaluation** problematic in the com-Sustainability munity (e.g., alcohol related Capacity motor vehicle crashes), what and substance use patterns are associated with those con-Cultural sequences (e.g., binge drinking Competence and drinking and driving), and what factors within the community cause these problematic substance use (consumption) patterns (e.g., community norms that drinking accept binge **Implementation** drinking as driving as acceptable **Planning** (SPF MODEL PLANNING INFORMATION CONTINUED ON NEXT PAGE)

Prevention Planning: SPF Model (cont'd)

behavior). The CCYS is an important source of data for prevention professionals using the SPF Model, as it contains many pieces of information regarding substance use and the causal factors that predict substance use. However, as a result of the broad focus of the SPF, it is highly recommended that prevention professionals using the SPF Model for prevention planning obtain other sources of data in addition to the CCYS in developing a strategic plan for their community. In particular, the CCYS has limited data regarding substance use consequences within the community, therefore prevention staff are encouraged to seek consequence related data from both local (e.g., local law enforcement) and state sources (e.g., the State Epidemiological Workgroup).

Among the CCYS data that prevention professionals are likely to find useful in their SPF needs assessment process are substance use trends among youth, and risk and protective factor data relevant to the substance use consequences and consumption patterns identified as problematic in the community. While not all of the risk and protective factors within the Risk and Protective Factor Model are likely to be relevant to

your community's substance use consumption and consequence priorities, many likely will be useful for planning purposes. Prevention professionals should closely examine the risk and protective factor data available through CCYS to determine which are relevant to understanding the causal influences that lead to the specific substance use consequence priorities in their community.

Additionally, several items have been added to the CCYS to better identify causal factors related to problematic alcohol consumption because the Louisiana State SPF SIG Strategic Plan identified alcohol consumption and consequences as the highest priorities for the state overall. These additional items were added to the CCYS in order to aid those communities identified as alcohol problem hot spots through the state needs assessment process. However, given that alcohol is by far the most widely consumed substance across the entire state, these data should be helpful for other communities that experience high levels of alcohol use and consequences. Data for these items can be found in Table 8 of this report.

Practical Implications of the Assessment

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use guidelines in choosing and implementing federally funded prevention and intervention programs. The results of the CCYS Survey presented in this report can help your schools and community comply with the NCLB Act in three ways:

- 1. Programs must be chosen based on objective data about problem behaviors in the communities served. The CCYS reports these data in the substance use and antisocial behavior charts and tables presented on the following pages.
- 2. NCLB-approved prevention programs can address not only substance use and antisocial behavior (ASB) outcomes, but also behaviors and attitudes demonstrated to be predictive of the youth problem behaviors. Risk and protective factor data from this report provide valuable information for choosing prevention programs.
- 3. Periodic evaluations of outcome measures must be conducted to evaluate the efficacy of ongoing programs. This report provides schools and communities the ability to compare past and present substance use and ASB data.

Using CCYS Data for Prevention Planning

What are the numbers telling you?

Review the charts and data tables presented in this report. Note your findings as you discuss the following questions.

Which 3-5 risk factors appear to be higher than you would want when compared to the Bach Harrison Norm?

Which 3-5 protective factors appear to be lower than you would want when compared to the Bach Harrison Norm?

Which levels of 30-day drug use are increasing and/or unacceptably high? Which substances are your students using the most? At which grades do you see unacceptable usage levels?

Which antisocial behaviors are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most? At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

Once you have familiarized yourself with the data, you can begin to identify priorities.

Look across the charts for items that stand out as either much higher or much lower than the others.

Compare your data with statewide, and/or national data. Differences of 5% between local and other data are probably significant.

Prioritize problems for your area according to the issues you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?

Determine the standards and values held within your community. For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

Once priorities are established, use data to guide your prevention efforts.

Substance use and antisocial behavior data are excellent tools to raise awareness about the problems and promote dialogue.

Risk and protective factor data can be used to identify exactly where the community needs to take action.

Promising approaches for any prevention goal are available for through resources listed on the last page of this report. These contacts are a great resource for information about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

Risk Factors
Protective Factors
30-day Substance Abuse
Antisocial Behavior

Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
6th grd Fav. Attitude to			
Drugs (Peer/Indiv. Scale)			
@ 15% (8% > national av.)			
10th grd - Rewards for			
prosocial involvm. (School Domain)			
40% (dawn 5% from 2 yrs			
ago & 16% below state av.)			
8th grd Binge Drinking@13%			
(5% above state av.)			
12th grd - Drunk/High at			
School @ 21%			
(about same as state,			
but remains a priority:)			

Understanding the Charts in this Report

There are three major categories of data presented in this report, representing eight types of charts:

Drug use profiles:

- 1. Gateway drug use charts
- 2. Other illicit drug use charts
- 3. Severe substance use indicator charts

Antisocial behavior and gambling profiles:

- 4. Antisocial behavior (ASB) charts
- 5. Gambling charts

Risk and protective factors and alcohol causal variables:

- 6. Risk factor charts
- 7. Protective factor charts.
- 8. Alcohol causal variable charts

Drug Use Profiles

There are three types of use measured on the drug use charts.

- Gateway drug use measures lifetime and 30-day use rates for alcohol, tobacco, marijuana and inhalants.
- Other illicit drug use measures lifetime and 30-day use rates for a variety of illicit drugs, including cocaine, heroin, and methamphetamine.
- Severe substance use indicators offer estimates of youth in need of alcohol and drug treatment, the percentage of youth indicating having been drunk or high at school, and youth indicating drinking alcohol and driving or reporting riding with a driver who had been drinking alcohol.

Antisocial Behavior and Gambling Profiles

- Antisocial behavior (ASB) profiles show the percentage of youth who reported antisocial behaviors, including suspension from school, selling illegal drugs, and attacking another person with the intention of doing them serious harm.
- Gambling profiles show the percentage of youth who gambled in the past year, and the specific types of gambling they engaged in.

Risk and Protective Factors and Alcohol Causal Variables

• Risk factor charts show the percentage of youth who are considered "higher risk" across a variety of risk factor scales.

- **Protective factor charts** show the percentage of youth who are considered high in protection across a variety of protective factor scales.
- Alcohol causal variable charts show alcohol availability and consumption patterns in the community, and insights into community norms on alcohol related issues.

Data corresponding to each of these categories are also presented in tabular format following each set of charts (tables 3 through 10).

Additional Tables in this Report

Additional data useful for prevention planning are found in Tables 11 and 12.

Table 11 contains prevention indicators from the CCYS relevant to the issues of violence, bullying and mental health.

Table 12 contains information required by communities with Drug Free Communities Grants, such as the perception of the risks of ATOD use, perception of parent and peer disapproval of ATOD use, past 30-day use, and average age of first use.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2010 CCYS survey.

• The Bars on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category.

Each set of differently colored bars represents one of the last three administrations of the CCYS: 2006, 2008, and 2010. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

Understanding the Charts in this Report (cont'd)

• Dots and Diamonds provide points of comparison to larger samples. The dots on the charts represent the percentage of all of the youth surveyed across Louisiana who reported substance use, problem behavior, elevated risk, or elevated protection.

For the 2010 CCYS Survey, there were 105,532 participants in grades 6, 8, 10, and 12, out of 193,496 enrolled, a participation rate of 54.5%. The fact that over 100,000 students across the state participated in the CCYS make the state dot a good estimate of the rates of ATOD use and levels of risk and protective factors of youth in Louisiana. The survey results provide considerable information for communities to use in planning prevention services.

The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm. The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state and region proportional

to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available.

A comparison to state-wide and national results additional information community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors your community should consider addressing when prevention programs.

The charts and tables that follow present the substance use rates for your community for 6th, 8th, 10th and 12th grade students who completed the survey. The first set of substance use charts cover the "Gateway Drugs" most commonly used by youth (alcohol, tobacco, marijuana and inhalants). The second set of substance use charts include a variety of important, but less commonly used illicit drugs such as cocaine, heroin, methamphetamine, and prescription narcotics. Finally, the last set of substance use charts present indicators of severe (or extremely dangerous) substance use, including the youth in need of substance abuse treatment, the percentage indicating they used substances in school, and students involved in drinking and driving.

Each chart represents students from a single grade. The bars on each chart represent the percentage of students in the indicated sample (*ie* school, parish or region) reporting substance use, and related behaviors or perceptions. The **dots** on the charts represent the same data for all students of that grade surveyed in the state of Louisiana. The **diamonds** represent national data included to allow a comparison of your data to a national sample of students, either the Monitoring the Future (MTF) Survey (*lifetime use* and *30-day use*), or the Bach Harrison Norm (*heavy use* and *severe substance use*). The Bach Harrison Norm is available for grades 6 through 12 while MTF only surveys grades 8, 10, and 12.

A comparison to state and national results provides additional information for your community in determining the relative importance of levels of ATOD use. Information about other students in the region and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts will help you gain a better understanding of the substance use (consumption) issues affecting your community.

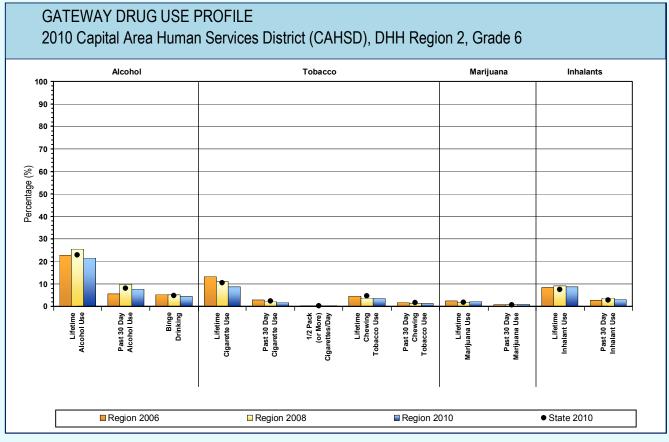
The following definitions and descriptions provide information for the substance use and severe substance use charts that follow.

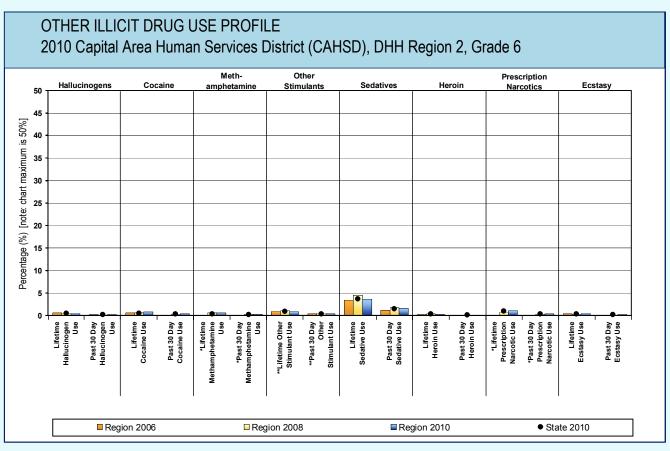
- Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- 30-day use is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Heavy use** includes *binge drinking* (having five or more drinks in a row during the two weeks prior to the survey) and smoking *one-half a pack or more of cigarettes per day*.
- Severe Substance Use indicators include student responses regarding *drinking alcohol and driving, riding with a drinking driver*, being *drunk or high at school*, and the *need for substance abuse treatment* (alcohol, drug, and the total in need of *any* treatment alcohol *or* drug).

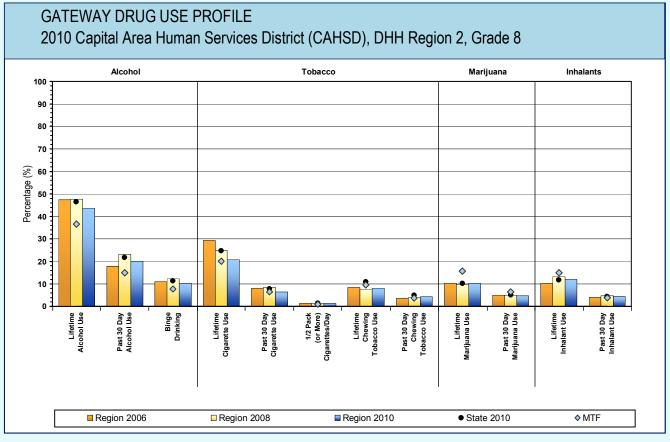
The need for treatment is defined as students who have used alcohol or drugs on 10 or more occasions in their lifetime and marked at least three of the following items specific to their drug or alcohol use in the past year:

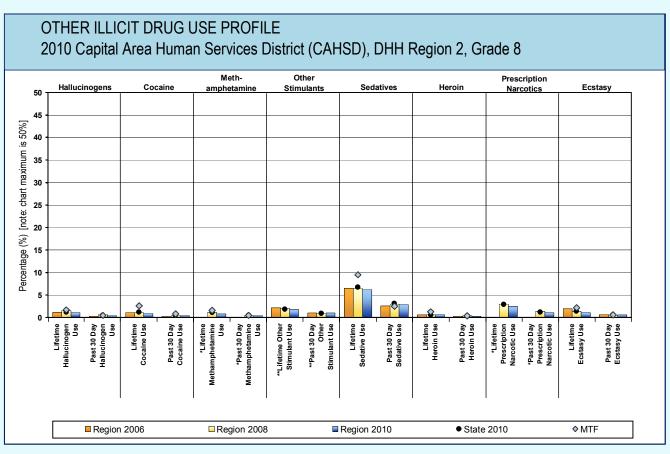
- *Spent more time using than intended;*
- Neglected some of your usual responsibilities because of use
- Wanted to cut down on use
- Others objected to your use
- Frequently thought about using
- Used alcohol or drugs to relieve feelings such as sadness, anger, or boredom

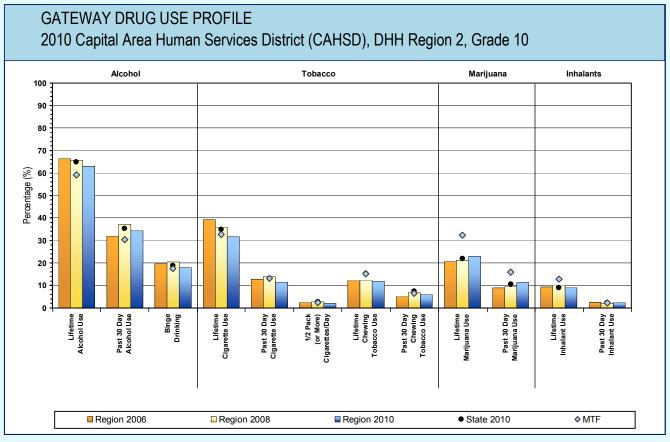
Students could mark whether these items related to their drug use and/or their alcohol use.

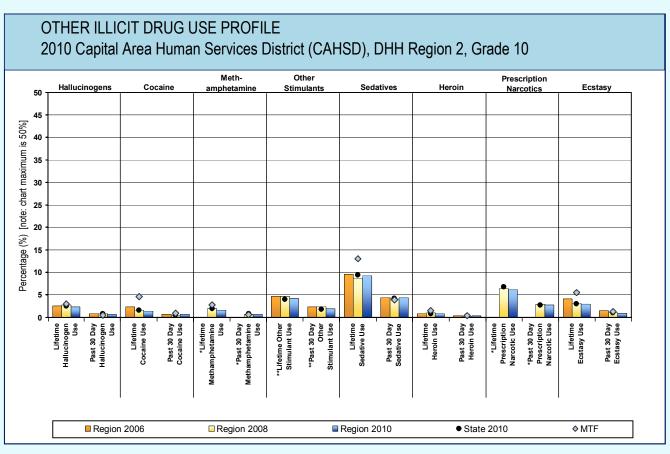


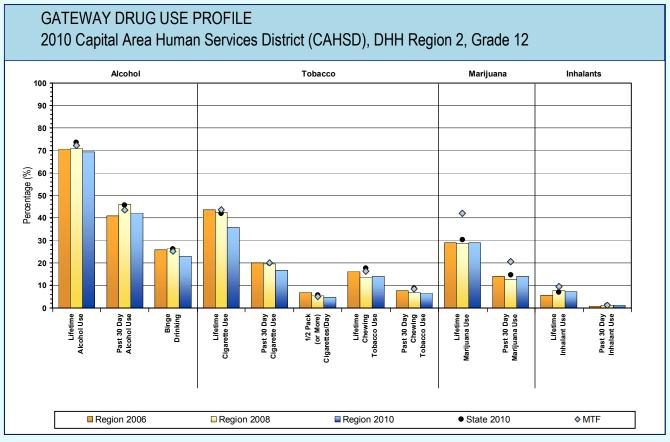


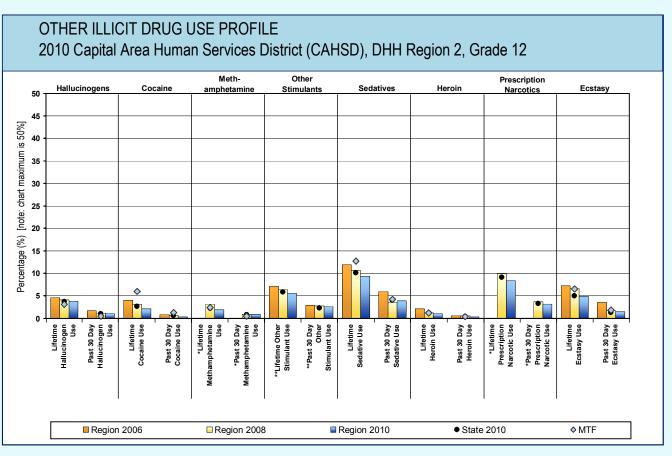














	age of Students Who Used Gateway [, 					_														
On how many occas	ions (if any) have you			Grade 6					Grade 8					Grade 10)				Grade 12	!	
(One or more occasi		Region 2006	Region 2008	Region 2010	State 2010	MTF*	Region 2006	Region 2008	Region 2010	State 2010	MTF	Region 2006	Region 2008	Region 2010	State 2010	MTF	Region 2006	Region 2008	Region 2010	State 2010	MTF
Lifetime Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime – more than just a few sips?	22.8	25.5	21.4	22.8	n/a	47.4	47.7	43.6	46.5	36.6	66.4	65.7	63.0	64.9	59.1	70.7	70.9	69.4	73.5	72.
Past 30 Day Alcohol	had beer, wine or liquor to drink during the past 30 days?	5.7	9.8	7.7	8.1	n/a	17.8	23.2	20.1	21.8	14.9	32.0	37.2	34.4	35.3	30.4	40.9	46.1	42.2	45.7	43.5
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	5.3	5.2	4.5	4.8	n/a	11.0	12.4	10.2	11.4	7.8	19.7	20.4	17.8	18.8	17.5	25.8	26.4	22.9	26.3	25.2
Lifetime Cigarettes	Have you ever smoked cigarettes?	13.2	11.1	8.7	10.6	n/a	29.4	24.9	20.8	24.6	20.1	39.3	36.0	31.7	34.9	32.7	43.7	42.5	35.9	41.9	43.6
Past 30 Day Cigarettes	How frequently have you smoked cigarettes during the past 30 days?	2.9	2.2	1.8	2.3	n/a	8.0	8.4	6.4	7.8	6.5	12.8	13.9	11.4	13.1	13.1	20.1	19.5	16.8	19.7	20.1
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (About one-half pack a day or more)	0.3	0.3	0.3	0.3	n/a	1.4	1.3	1.4	1.4	1.0	2.4	2.8	2.1	2.8	2.4	6.7	5.5	4.7	5.8	5.0
Lifetime Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco) in your lifetime?	4.6	3.7	3.5	4.7	n/a	8.4	7.7	8.2	10.9	9.6	12.2	12.2	11.8	15.3	15.2	16.2	13.4	14.0	17.6	16.3
Past 30 Day Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco) during the past 30 days?	1.8	1.4	1.3	1.7	n/a	3.6	3.9	4.3	4.9	3.7	5.1	6.7	6.0	7.5	6.5	7.6	6.8	6.6	8.8	8.4
Lifetime Marijuana	have you used marijuana in your lifetime?	2.5	1.9	2.2	1.8	n/a	10.4	9.9	10.3	10.2	15.7	20.6	21.1	22.9	22.0	32.3	28.9	28.6	29.0	30.3	42.0
Past 30 Day Marijuana	have you used marijuana during the past 30 days?	0.8	0.8	0.9	0.7	n/a	5.0	5.0	4.8	5.1	6.5	9.0	9.5	11.3	10.6	15.9	14.1	12.8	14.1	14.6	20.6
Lifetime Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?	8.4	9.2	8.7	7.6	n/a	10.3	13.2	12.1	11.7	14.9	9.3	10.2	9.1	9.0	12.8	5.7	7.6	7.1	6.9	9.5
Past 30 Day Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?	2.8	3.7	3.1	2.8	n/a	4.1	4.8	4.5	4.4	3.8	2.5	2.1	2.4	2.2	2.2	0.8	1.2	1.3	1.2	1.2

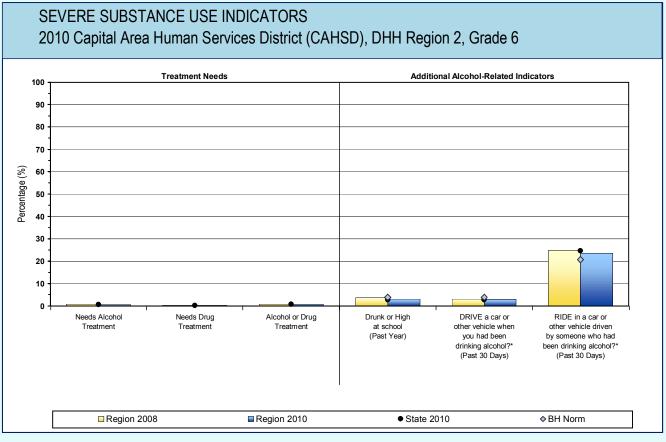
^{*} Monitoring the Future does not survey 6th graders.

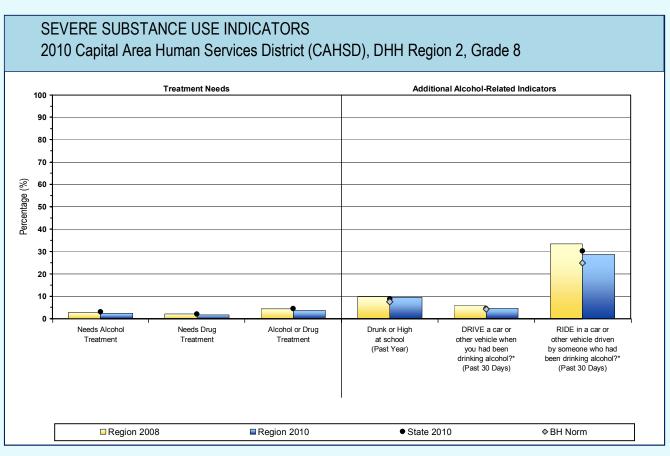
On how money 4	in a different house and			Grade 6					Grade 8					Grade 10)				Grade 12	2	
(One or more occasi	ions (if any) have you ons)	Region 2006	Region 2008	Region 2010	State 2010	MTF*	Region 2006	Region 2008	Region 2010	State 2010	MTF	Region 2006	Region 2008	Region 2010	State 2010	MTF	Region 2006	Region 2008	Region 2010	State 2010	MTF
Lifetime Hallucinogens	used LSD or other hallucinogens in your lifetime?	0.6	0.5	0.5	0.5	n/a	1.2	1.5	1.1	1.2	1.7	2.5	2.7	2.3	2.5	3.0	4.6	4.1	3.8	3.7	3.1
Past 30 Day Hallucinogens	used LSD or other hallucinogens during the past 30 days?	0.2	0.1	0.2	0.2	n/a	0.3	0.7	0.5	0.5	0.5	0.8	0.8	0.7	0.8	0.5	1.7	1.2	1.0	1.0	0.5
Lifetime Cocaine	used cocaine or crack in your lifetime?	0.6	0.6	0.8	0.5	n/a	1.1	1.1	0.9	1.2	2.6	2.3	1.6	1.4	1.6	4.6	4.0	3.1	2.1	2.6	6.0
Past 30 Day Cocaine	used cocaine or crack during the past 30 days?	0.1	0.2	0.4	0.3	n/a	0.2	0.5	0.4	0.5	0.8	0.7	0.3	0.7	0.5	0.9	0.8	0.7	0.4	0.6	1.3
Lifetime Methamphetamines**	used methamphetamines (meth, crystal, crank) in your lifetime?	n/a	0.6	0.6	0.4	n/a	n/a	1.2	0.8	1.1	1.6	n/a	2.0	1.6	1.9	2.8	n/a	3.2	1.9	2.2	2.4
Past 30 Day Methamphetamines**	used methamphetamines (meth, crystal, crank) during the past 30 days?	n/a	0.2	0.3	0.2	n/a	n/a	0.5	0.5	0.5	0.5	n/a	0.7	0.7	0.8	0.6	n/a	0.9	0.9	0.8	0.5
Lifetime Other Stimulants*†	used stimulants other than methamphetamines (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them in your lifetime?	0.9	1.1	0.9	0.9	n/a	2.2	2.1	1.8	1.8	n/a	4.7	4.7	4.2	4.0	n/a	7.1	6.4	5.6	5.8	n/a
Past 30 Day Other Stimulants*†	used stimulants other than methamphetamines (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them during the past 30 days?	0.4	0.5	0.4	0.3	n/a	1.0	0.9	1.0	0.9	n/a	2.3	2.4	1.9	1.8	n/a	2.9	2.8	2.6	2.3	n/a
Lifetime Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them in your lifetime?	3.4	4.5	3.7	3.7	n/a	6.5	6.4	6.2	6.7	9.5	9.6	8.7	9.3	9.4	13.0	11.9	10.6	9.4	10.1	12.7
Past 30 Day Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them during the past 30 days?	1.2	1.7	1.6	1.5	n/a	2.6	3.0	2.9	3.1	2.5	4.4	4.1	4.4	4.2	3.9	6.0	3.6	3.9	4.0	4.2
Lifetime Heroin	used heroin or other opiates in your lifetime?	0.2	0.4	0.3	0.3	n/a	0.6	0.7	0.7	0.6	1.3	0.8	1.0	0.8	0.8	1.5	2.1	1.3	1.0	1.1	1.2
Past 30 Day Heroin	used heroin or other opiates during the past 30 days?	0.0	0.1	0.1	0.1	n/a	0.3	0.4	0.3	0.3	0.4	0.3	0.2	0.3	0.3	0.4	0.6	0.6	0.4	0.4	0.4
Lifetime Prescription Narcotics**	used narcotic drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) with- out a doctor telling you to take them in your lifetime?	n/a	0.7	1.1	1.0	n/a	n/a	3.0	2.5	2.9	n/a	n/a	6.4	6.2	6.8	n/a	n/a	9.9	8.4	9.1	n/a
Past 30 Day Prescription Narcotics**	used narcotic drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them during the past 30 days?	n/a	0.3	0.4	0.4	n/a	n/a	1.4	1.1	1.2	n/a	n/a	2.9	2.7	2.7	n/a	n/a	3.7	3.2	3.3	n/a
Lifetime Ecstasy	used Ecstasy ('X', 'E', or MDMA) in your lifetime?	0.4	0.3	0.5	0.3	n/a	2.0	1.4	1.1	1.4	2.2	4.1	3.2	3.0	3.0	5.5	7.2	6.6	4.9	5.0	6.5
Past 30 Day Ecstasy	used Ecstasy ('X', 'E', or MDMA) during the past 30 days?	0.1	0.1	0.2	0.2	n/a	0.7	0.5	0.6	0.6	0.6	1.5	1.0	0.9	1.0	1.3	3.5	1.7	1.5	1.3	1.8

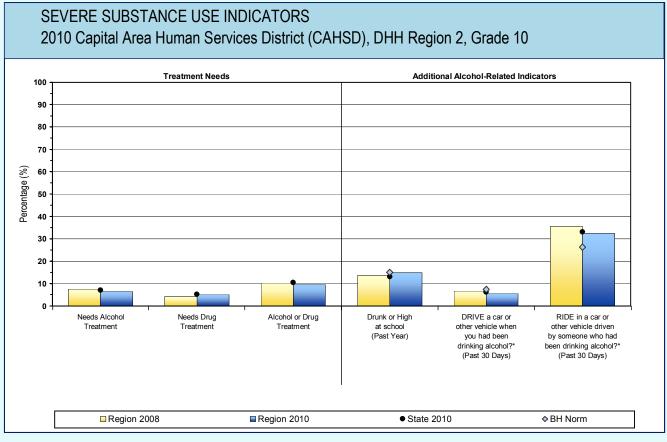
^{*} Monitoring the Future does not survey 6th graders and has no equivalent for 'Other Stimulants' or 'Prescription Narcotics.'

^{**} Methamphetamines' and 'Prescription Narcotics' were not measured in survey administrations prior to 2008 (also denoted by 'n/a' in the data column).

[†] While remaining roughly equivalent across years, there were minor changes in the wording of the 'Other Stimulants' question between 2006 and subsequent administrations.







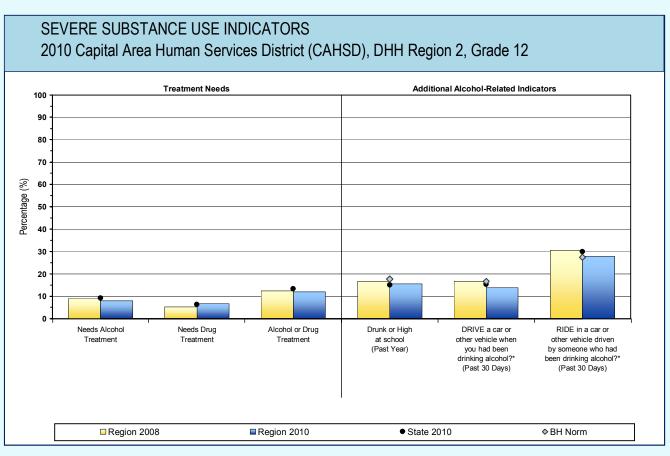




Table 5. Severe S	ubstance Use Indicators												
			Grade 6			Grade 8			Grade 10			Grade 12	
		Region 2008	Region 2010	State 2010									
Needs Alcohol Treatment	Answered "Yes" to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	0.7	0.5	0.6	2.8	2.4	3.0	7.5	6.4	7.0	8.9	7.9	9.2
Needs Drug Treatment	Answered "Yes" to at least 3 drug treatment questions and has used alcohol on 10 or more occasions	0.3	0.2	0.2	2.0	1.7	2.0	4.2	5.0	5.1	5.3	6.6	6.3
Needs Alcohol or Drug Treatment	Needs alcohol and/or drug treatment	0.9	0.7	0.7	4.4	3.7	4.5	10.3	9.6	10.4	12.4	12.0	13.3
Drunk or High At School*	How many times in the past year have you been drunk or high at school?	3.6	3.1	2.7	9.9	9.5	8.7	13.6	14.8	13.0	16.6	15.6	15.0
Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?	3.1	3.0	2.7	5.8	4.6	4.4	6.7	5.5	6.1	16.7	13.8	15.3
Riding with a Drinking Driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	24.8	23.6	24.6	33.4	28.6	30.1	35.6	32.4	33.0	30.6	27.8	29.9

^{*} Rates for the 'Drunk or High at School' variable are presented here for comparison with other severe substance use variables. Please note that 2006 data for that question are available in the Antisocial Behavior charts and tables in the following section.

The charts and tables that follow present the rates of a variety of antisocial behaviors, as well as gambling behavior among youth in your community who completed the survey. The first set of charts in this section present the percentage of youth who reported engaging in several forms of antisocial behavior (e.g., attacked someone with the idea of seriously hurting them, stolen a vehicle) or related consequences (e.g., been suspended from school, been arrested). The second set of charts in this section highlight the percentage of youth who indicated engaging in a variety of gambling behaviors. Rates of both antisocial behavior and gambling reflect reported behavior in the past year.

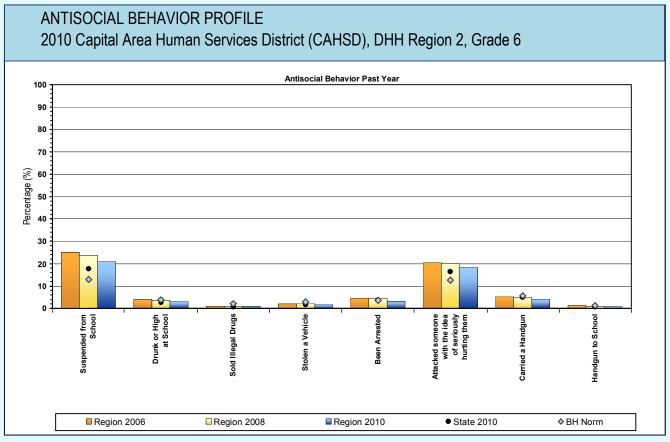
As with the substance use profile charts presented earlier, the **bars** on the following charts represent the percentage of students in that grade who reported the behavior, while the **dots** on the charts represent the percentage of all of the youth surveyed in Louisiana who reported the problem behavior. The **diamonds** represent national data from the Bach Harrison Norm and allow a comparison of your antisocial and gambling behavior data to a national sample of students.

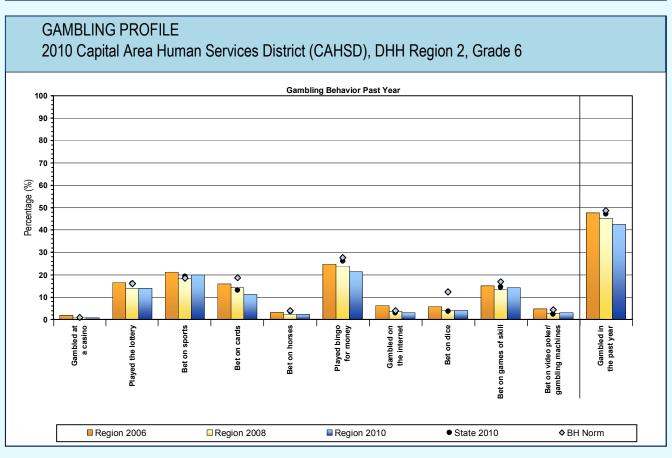
A comparison to state and national results provides additional information for your community in determining the relative importance of levels of antisocial and gambling behavior. Information about other students in the region and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts will help you gain a better understanding of the issues affecting your community.

The following definitions and descriptions provide information for the substance use and severe substance use charts that follow.

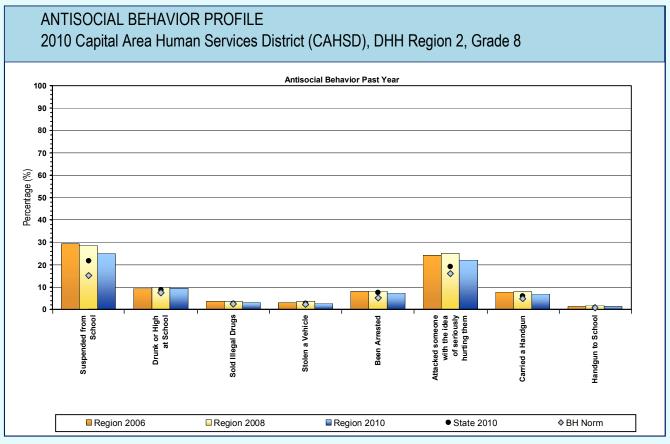
- Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement with the eight antisocial behaviors listed in the charts during the past year. In the charts, antisocial behavior is referred to as ASB.
- Gambling behavior charts show the percentage of students who engaged in each of the 10 types of gambling along with the percentage for any gambling behavior during the past year.

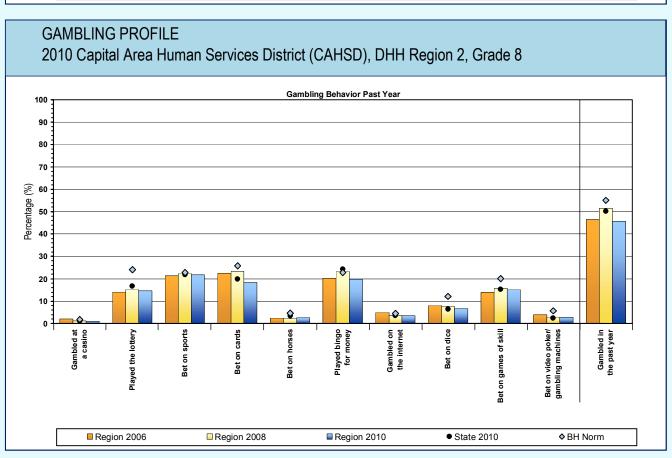




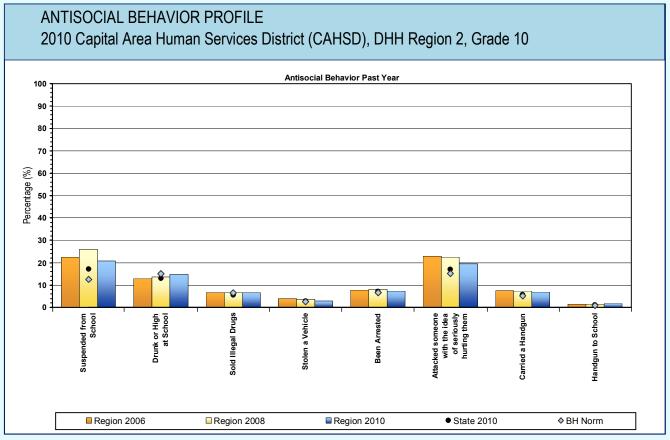


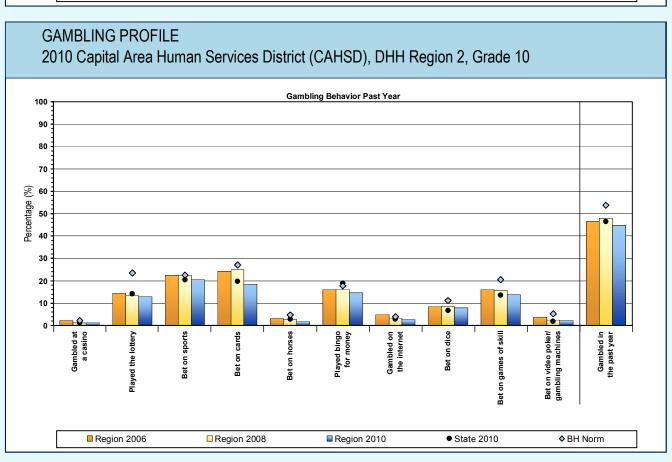




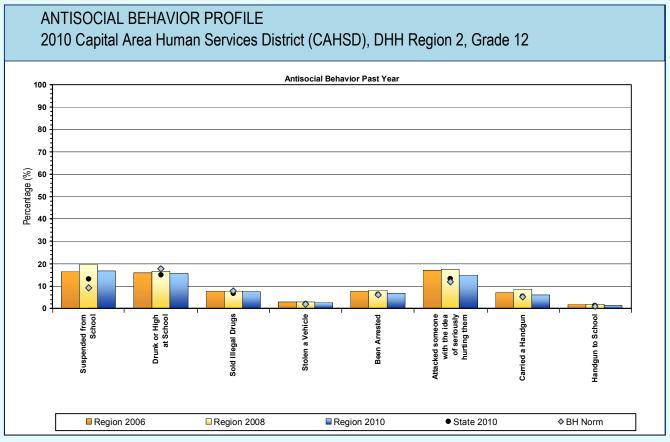












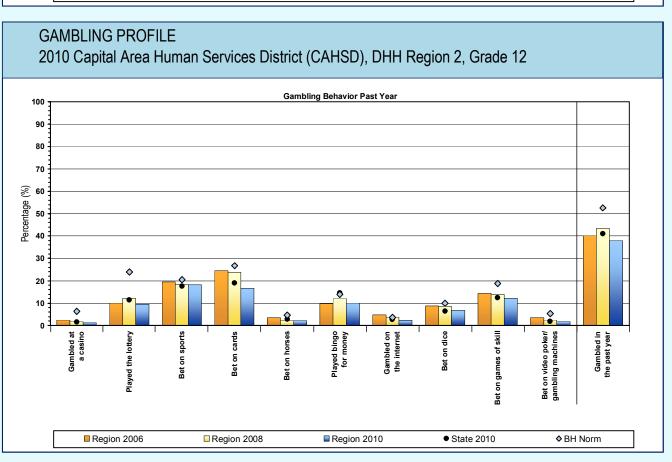




Table 6. Percentage of Students With A	ntisocia	l Beha\	/ior																	
How many times in the past			Grade 6					Grade 8					Grade 10					Grade 12		
year (12 months) have you: (One or more times)	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm
Been Suspended from School	25.0	23.7	20.9	17.7	13.0	29.3	28.5	24.9	21.7	15.1	22.5	26.0	20.7	17.2	12.6	16.4	19.6	16.7	13.1	9.2
Been Drunk or High at School	4.1	3.6	3.1	2.7	3.9	9.3	9.9	9.5	8.7	7.5	13.0	13.6	14.8	13.0	15.0	15.9	16.6	15.6	15.0	17.7
Sold Illegal Drugs	1.1	1.0	1.0	0.6	2.1	3.7	3.6	3.1	2.7	2.5	6.6	6.6	6.6	5.6	6.5	7.8	7.8	7.5	6.6	7.8
Stolen or Tried to Steal a Motor Vehicle	2.0	2.1	1.8	1.7	2.9	3.1	3.6	2.6	2.7	2.3	3.9	3.6	2.9	2.8	2.6	2.9	2.9	2.6	2.1	1.9
Been Arrested	4.6	4.3	3.2	3.7	3.7	8.0	8.2	7.3	7.5	5.2	7.7	8.1	7.3	7.1	6.7	7.7	8.3	6.8	6.2	6.1
Attacked Someone with the Idea of Seriously Hurting Them	20.5	20.2	18.1	16.4	12.7	24.1	25.1	22.0	19.1	16.0	22.9	22.5	19.5	17.0	15.1	17.1	17.5	14.9	13.3	11.9
Carried a Handgun	5.4	4.7	4.2	4.9	5.7	7.8	7.9	6.9	6.0	4.8	7.5	7.4	6.9	5.7	5.2	7.1	8.6	6.0	5.5	5.2
Carried a Handgun to School	1.3	1.0	0.7	0.6	1.3	1.3	1.7	1.4	0.9	0.8	1.5	1.5	1.8	1.1	0.9	1.8	1.9	1.4	1.3	1.0



Table 7. Gambling Behavior																				
How often have you done the			Grade 6					Grade 8					Grade 10					Grade 12		
following for money, posessions or anything of value:	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm
gambled at a casino?	1.9	0.9	0.8	0.8	1.0	2.0	1.2	1.1	1.1	1.8	2.2	1.2	1.3	1.2	2.3	2.5	1.7	1.4	1.5	6.3
played the lottery or lottery scratch-off tickets?	16.4	13.7	13.9	16.1	16.1	14.1	15.2	14.7	16.6	24.0	14.5	13.4	13.0	14.2	23.5	10.1	12.2	9.6	11.5	23.9
bet on sporting events?	21.2	18.1	19.9	19.3	18.5	21.4	22.3	21.8	21.8	22.8	22.4	22.4	20.5	20.4	22.5	19.4	18.4	18.2	17.5	20.5
played cards for money?	15.9	14.2	11.2	13.2	18.7	22.5	23.4	18.4	19.8	25.8	24.3	24.9	18.5	19.7	27.0	24.5	23.8	16.6	19.0	26.7
bet money on horse races?	3.2	2.3	2.4	3.5	4.0	2.5	2.1	2.6	3.4	4.6	3.1	2.8	1.7	2.8	4.7	3.5	2.3	2.2	2.8	4.6
played bingo for money or prizes?	24.8	23.9	21.3	26.2	27.7	20.2	23.2	19.7	24.3	22.7	16.1	16.0	14.7	18.8	17.7	9.8	12.0	10.1	14.5	14.0
gambled on the internet?	6.2	3.7	3.0	3.0	4.0	4.9	3.7	3.5	3.5	4.5	4.9	3.3	2.6	2.9	4.0	4.7	3.8	2.4	2.7	3.7
bet on dice games such as craps?	5.8	4.0	4.1	3.7	12.3	8.0	7.8	6.7	6.4	12.1	8.5	8.6	7.9	6.8	11.2	8.8	8.6	6.8	6.4	10.0
bet on games of personal skill such as pool, darts or bowling?	15.0	13.3	14.2	14.5	16.8	14.0	15.8	15.2	15.2	20.1	16.0	15.8	13.8	13.6	20.5	14.4	13.9	12.2	12.4	18.8
bet on video poker or other gambling machines?	4.8	2.8	3.0	2.4	4.4	3.9	2.9	2.8	2.5	5.7	3.8	2.5	2.2	1.8	5.3	3.5	2.5	1.8	1.8	5.4
Total Gambling																				
Any gambing in the past year	47.6	45.3	42.5	47.1	48.7	46.6	51.5	45.7	50.1	55.0	46.6	48.0	44.8	46.5	53.8	40.2	43.3	38.0	41.0	52.6

Risk and Protective Factor & Alcohol Causal Variable Profiles

The charts and tables that follow are intended to provide prevention professionals with data that are helpful in understanding the predictors and causes of substance use in your community. Data in the risk and protective factor profiles will provide you with an overview of the levels of risk and protection in your community. The alcohol causal variables charts present data relevant to several community domain variables associated with increased alcohol consumption.

Risk and Protective Factor Profiles

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. The risk and protective factor scales measure specific aspects of a youth's life experience that are predictive of whether he/she will engage in problem behaviors. Higher risk and lower protection predict a greater likelihood that a youth with engage in problem behaviors, while lower risk and higher protection predict a greater likelihood that youth will not engage in problem behaviors.

The factors are grouped into four domains: community, family, school, and peer/individual. Brief definitions of the risk and protective factors scales are provided in Table 13 at the end of this report. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under *Contacts for Prevention*.

Consistent with the other charts in this report the bars represent your community's levels of risk and protection, the dots represent the Louisiana state average, and the diamonds represent a national comparison through the Bach Harrison norm, where available. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that

are higher than the Bach Harrison Norm and the protective factors are lower than the Bach Harrison Norm are probably the factors that your community should consider addressing when planning prevention programs. By looking at the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

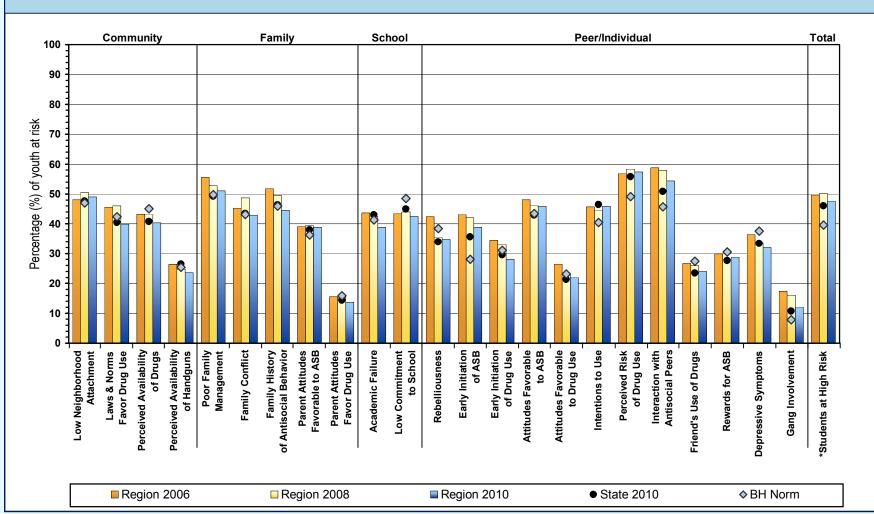
Along with the risk and protective factor scales, there is a bar for each chart that shows **total risk** for each risk factor chart and **total protection** for each protective factor chart. The percentage of youth at high risk (Total Risk) is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 7 or more risk factors, for 8th grade it is 8 or more risk factors, and for 10th and 12th grades it is 9 or more risk factors. The percentage of youth with high protection is defined as the percentage of 6th grade students who have 4 or more protective factors operating in their lives, and 8th-12th grades students who have 5 or more protective factors operating in their lives.

Alcohol Causal Variable Profiles

The Alcohol Causal Variables profiles include the percentage of students who obtained alcohol from specific sources, the percentage who used alcohol in specific places in the past year, and survey data gathered to shed light on the community norms about alcohol use. Percentages for the sources of alcohol and places of use are based upon only those students who reported having used alcohol in the past year. (Sample sizes are noted in the chart legend.)

Student perceptions of community norms are drawn from all students surveyed, regardless of whether they reported any alcohol use.

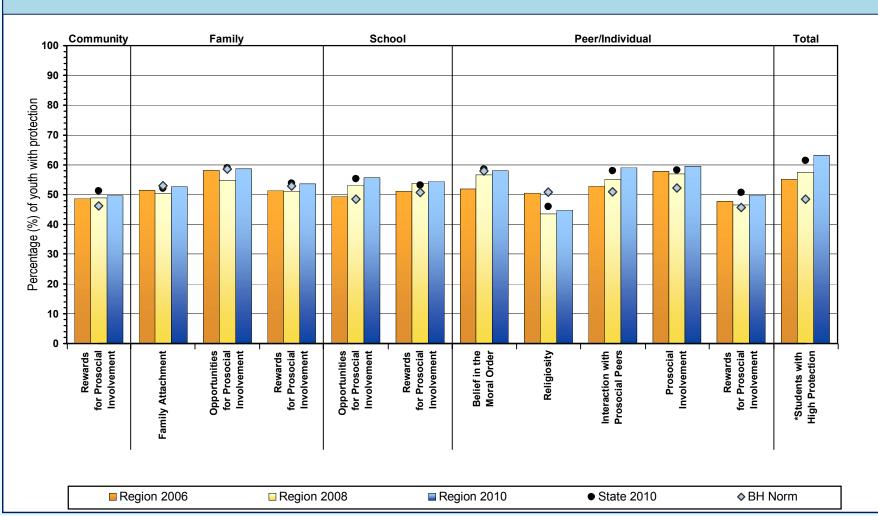
RISK PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 6



^{*} High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)

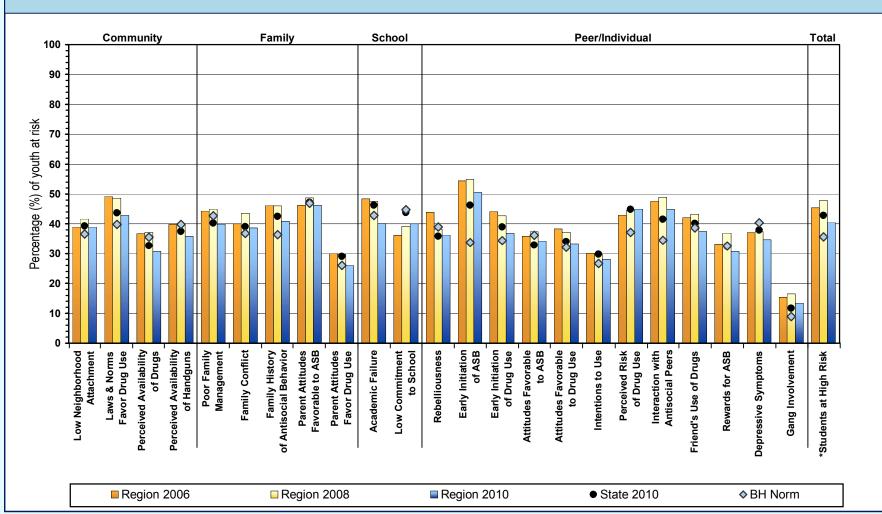
Risk and Protective Factor Profiles

PROTECTIVE PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 6



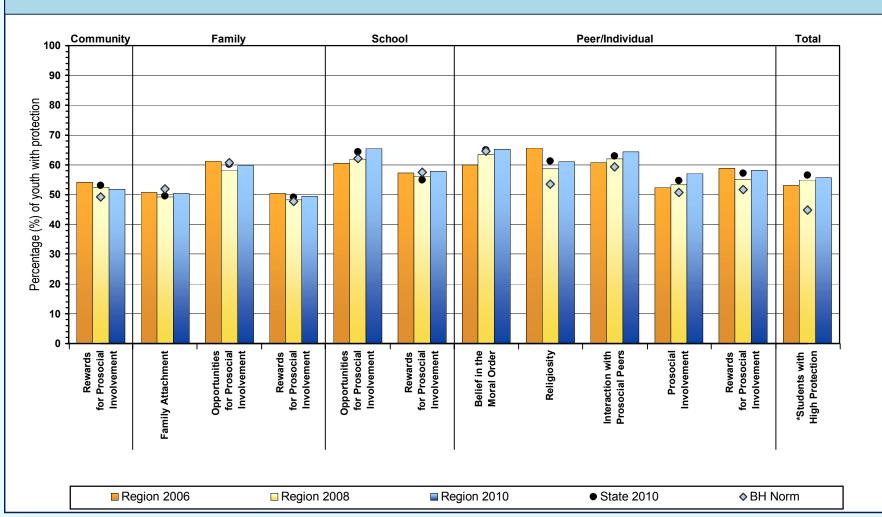
^{*} High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th & 12th grades: 5 or more protective factors.)

RISK PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 8



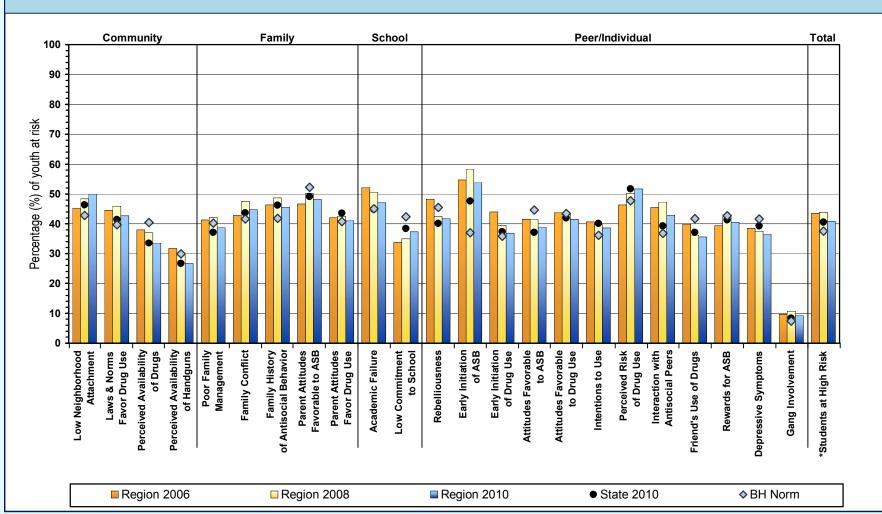
^{*} High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)

PROTECTIVE PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 8



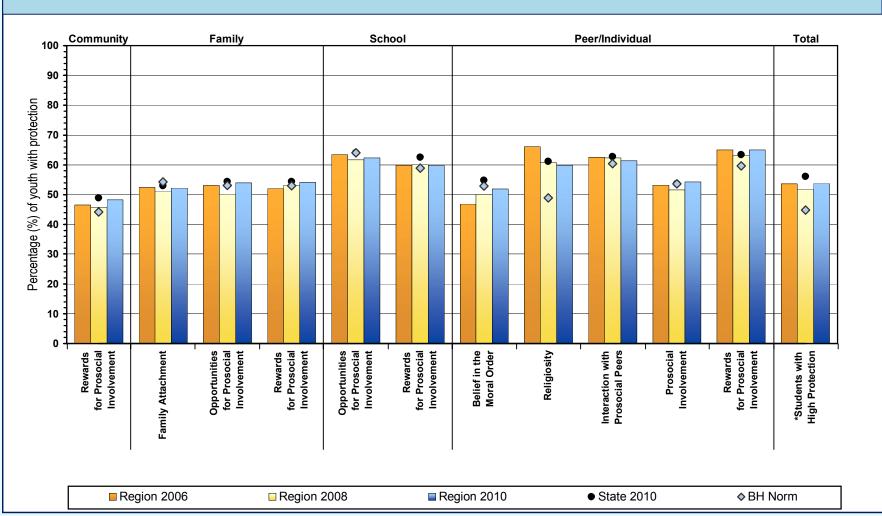
^{*} High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th & 12th grades: 5 or more protective factors.)

RISK PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 10



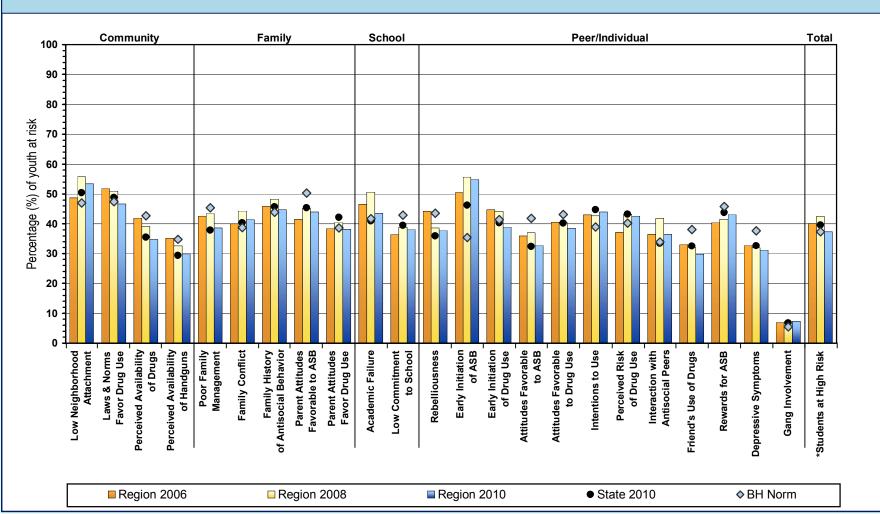
^{*} High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)





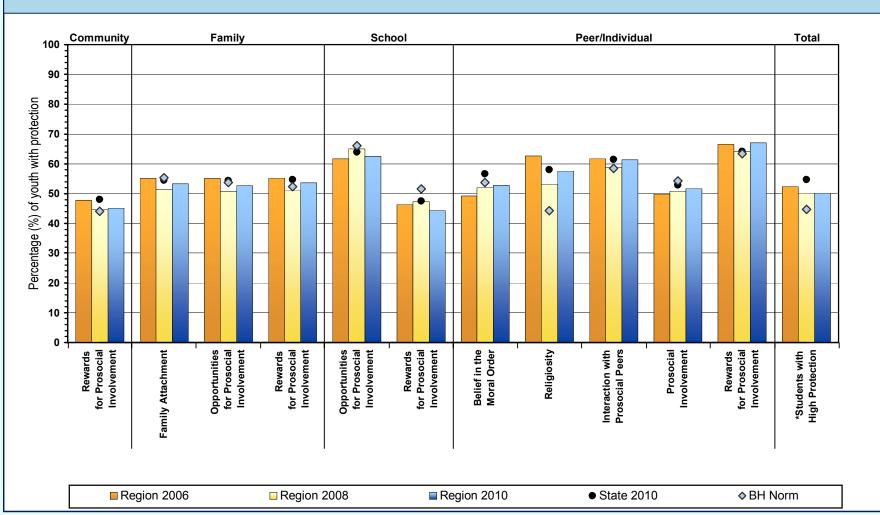
^{*} High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th & 12th grades: 5 or more protective factors.)

RISK PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 12



^{*} High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)

PROTECTIVE PROFILE 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 12



^{*} High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th & 12th grades: 5 or more protective factors.)



Risk and Protective Factor Profiles

			Grade 6					Grade 8					Grade 10					Grade 12		
Risk Factor	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm
Community Domain																				
Low Neighborhood Attachment	48.1	50.5	49.0	47.6	47.0	39.0	41.6	39.0	39.3	36.6	45.3	48.4	50.0	46.4	42.8	48.7	55.8	53.4	50.4	47.0
Laws & Norms Favor Drug Use	45.6	46.0	39.9	40.5	42.4	49.1	48.6	42.8	43.7	39.8	44.5	45.9	42.7	41.4	39.7	51.8	51.0	46.7	48.8	47.
Perceived Availability of Drugs	43.3	43.2	40.4	40.8	45.1	36.7	37.1	30.7	32.7	35.5	38.0	37.0	33.6	33.5	40.5	42.0	39.2	34.8	35.5	42.
Perceived Availability of Handguns	26.3	24.7	23.6	26.4	25.4	39.8	40.2	35.9	37.5	39.8	31.7	29.5	26.7	26.7	29.9	35.2	32.6	29.9	29.3	34.
Family Domain																				
Poor Family Management	55.6	52.8	51.1	49.3	49.8	44.3	45.0	39.9	40.3	42.7	41.3	42.2	38.8	37.1	40.3	42.6	43.5	38.6	37.9	45.
Family Conflict	45.3	48.7	42.9	43.5	43.2	40.0	43.6	38.7	39.1	36.8	42.8	47.5	44.8	43.7	41.6	40.0	44.3	41.4	40.4	38.
Family History of Antisocial Behavior	51.8	49.6	44.5	46.4	45.9	46.1	46.0	40.9	42.5	36.4	46.4	48.7	45.6	46.3	41.9	45.9	48.3	44.8	45.7	43.
Parent Attitudes Favorable to ASB	39.1	39.4	38.9	38.0	36.3	46.3	48.7	46.3	47.2	46.9	46.7	50.2	48.2	49.1	52.3	41.5	45.3	44.0	45.4	50.
Parent Attitudes Favor Drug Use	15.5	15.4	13.7	14.3	15.8	30.0	29.8	25.9	29.0	26.0	42.1	42.5	41.1	43.6	40.8	38.4	40.5	38.2	42.2	38.
School Domain																				
Academic Failure	43.7	42.6	38.9	43.0	41.3	48.4	47.5	40.1	46.2	42.8	52.1	50.6	47.1	44.9	45.1	46.6	50.6	43.6	41.0	41.
Low Commitment to School	43.5	44.0	42.5	45.0	48.5	36.2	39.2	40.0	43.8	44.8	33.8	35.0	37.4	38.4	42.4	36.4	38.9	38.1	39.5	42.
Peer-Individual Domain																				
Rebelliousness	42.4	35.4	34.8	33.9	38.4	43.9	38.2	36.3	35.9	39.0	48.3	42.5	41.8	40.2	45.5	44.2	38.7	37.8	36.0	43.
Early Initiation of ASB	43.1	42.1	38.9	35.6	28.1	54.4	54.9	50.5	46.2	33.7	54.7	58.4	53.9	47.6	37.0	50.4	55.7	54.8	46.3	35.
Early Initiation of Drug Use	34.5	33.0	28.0	29.5	31.0	44.1	42.7	36.8	39.0	34.4	44.0	39.5	36.8	37.4	35.9	44.8	44.2	39.0	40.4	41.
Attitudes Favorable to ASB	48.1	46.1	45.9	42.9	43.5	35.9	37.4	34.3	32.9	36.2	41.5	41.4	39.0	37.2	44.6	36.0	37.0	32.7	32.3	41.
Attitudes Favorable to Drug Use	26.4	23.3	21.9	21.3	23.1	38.3	37.2	33.2	34.0	32.1	43.8	43.7	41.5	42.0	43.5	40.6	40.4	38.5	40.3	43.
Intentions to Use	45.7	44.7	45.9	46.5	40.5	30.1	29.8	28.0	29.8	26.7	40.7	39.8	38.7	40.1	36.2	43.0	42.7	44.0	44.8	39.
Perceived Risk of Drug Use	56.8	58.3	57.4	55.8	49.1	42.9	44.7	45.0	44.9	37.1	46.4	50.2	51.7	51.7	47.8	37.2	43.3	42.6	43.3	40.
Interaction with Antisocial Peers	58.8	57.9	54.4	50.9	45.7	47.6	48.9	44.9	41.5	34.5	45.5	47.3	42.9	39.3	36.8	36.5	41.9	36.5	33.4	33.
Friend's Use of Drugs	26.7	25.9	24.0	23.4	27.4	42.1	43.3	37.5	40.1	38.7	39.9	36.3	35.7	37.2	41.8	33.0	32.0	29.8	32.6	38.
Rewards for ASB	29.9	28.2	28.8	27.6	30.5	33.1	36.9	30.7	32.4	32.6	39.4	43.0	40.6	41.3	42.7	40.5	41.5	43.1	43.8	45.
Depressive Symptoms	36.4	33.7	32.0	33.4	37.6	37.0	37.5	34.7	37.9	40.4	38.5	37.6	36.6	39.3	41.6	32.7	31.9	31.2	32.7	37.
Gang Involvement	17.3	16.1	12.1	10.7	7.8	15.3	16.5	13.4	11.7	8.9	9.6	10.7	9.2	8.4	7.4	6.9	7.2	7.3	6.7	5
Total Risk																				
Students at High Risk*	49.7	50.2	47.6	46.0	39.6	45.4	47.9	40.5	42.8	35.7	43.6	43.9	40.9	40.6	37.6	40.1	42.5	37.4	39.6	37

^{*} High Riskyouth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)

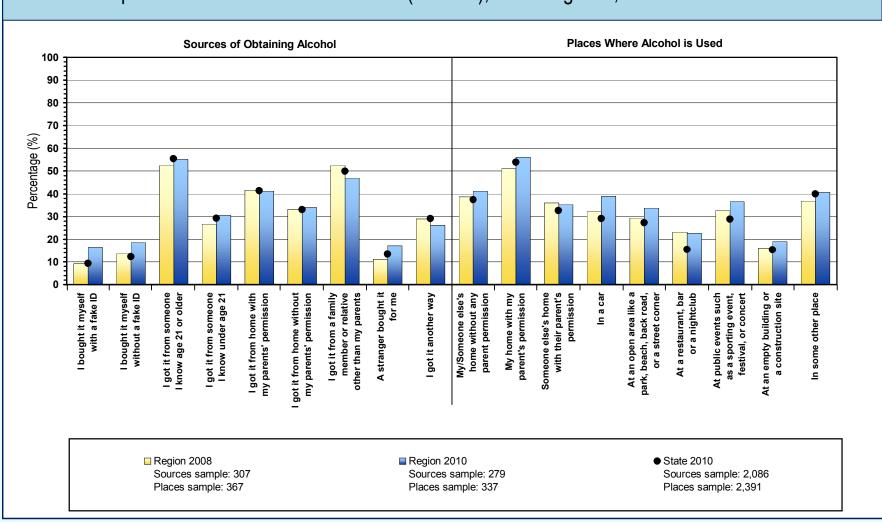


Risk and Protective Factor Profiles

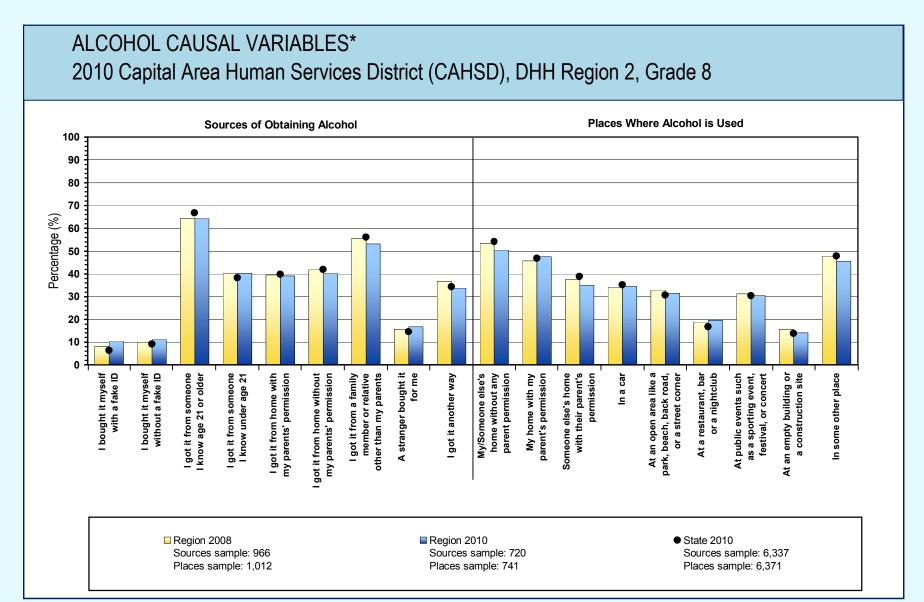
Table 9. Percentage of Student	s Repor	ting Pro	tection																	
		Grade 6						Grade 8					Grade 10					Grade 12		
Protective Factor	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm	Region 2006	Region 2008	Region 2010	State 2010	BH Norm
Community Domain																				
Rewards for Prosocial Involvement	48.7	48.9	49.7	51.3	46.2	54.2	52.5	51.8	53.1	49.2	46.6	45.8	48.3	48.9	44.2	47.7	44.6	45.2	48.1	44.1
Family Domain																				
Family Attachment	51.5	50.4	52.7	52.1	53.0	50.7	49.3	50.4	49.6	51.9	52.5	51.1	52.3	53.0	54.3	55.1	51.5	53.3	54.5	55.4
Opportunities for Prosocial Involvement	58.2	54.8	58.7	59.0	58.6	61.3	58.3	59.8	60.2	60.7	53.1	50.2	54.0	54.4	53.1	55.2	50.7	52.7	54.4	53.8
Rewards for Prosocial Involvement	51.4	51.2	53.6	53.9	52.9	50.4	48.3	49.5	49.1	47.7	52.0	53.2	54.2	54.4	53.0	55.3	51.1	53.7	54.7	52.4
School Domain																				
Opportunities for Prosocial Involvement	49.4	53.2	55.7	55.4	48.5	60.5	61.9	65.4	64.4	62.1	63.4	61.7	62.3	64.1	64.1	61.7	65.0	62.6	63.9	66.1
Rewards for Prosocial Involvement	51.2	53.9	54.4	53.2	50.7	57.3	56.2	57.8	54.9	57.5	59.9	60.1	59.8	62.6	58.9	46.4	47.3	44.3	47.5	51.6
Peer-Individual Domain																				
Belief in the Moral Order	51.9	56.7	58.0	58.6	57.9	60.0	63.5	65.2	65.0	64.6	46.9	50.1	51.9	54.8	52.9	49.2	52.0	52.8	56.6	53.8
Religiosity	50.5	43.6	44.9	46.0	50.9	65.7	58.7	61.1	61.3	53.5	66.1	60.7	59.9	61.2	48.9	62.7	53.2	57.6	58.0	44.3
Interaction with Prosocial Peers	52.9	55.1	59.1	58.0	51.0	60.7	62.0	64.4	63.0	59.3	62.6	62.3	61.4	62.8	60.4	61.8	58.8	61.4	61.5	58.5
Prosocial Involvement	57.8	57.0	59.5	58.3	52.2	52.4	53.3	57.1	54.7	50.7	53.2	51.6	54.3	53.7	53.7	49.9	50.9	51.7	52.9	54.3
Rewards for Prosocial Involvement	47.8	46.6	49.9	50.7	45.7	58.8	55.2	58.2	57.2	51.7	65.0	63.1	65.0	63.4	59.7	66.5	64.2	67.1	64.2	63.4
Total Protection																				
Students with High Protection*	55.2	57.5	63.2	61.5	48.5	53.1	54.9	55.7	56.5	44.8	53.7	51.7	53.8	56.1	44.8	52.4	50.2	50.2	54.7	44.7

^{*} High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th & 12th grades: 5 or more protective factors.)

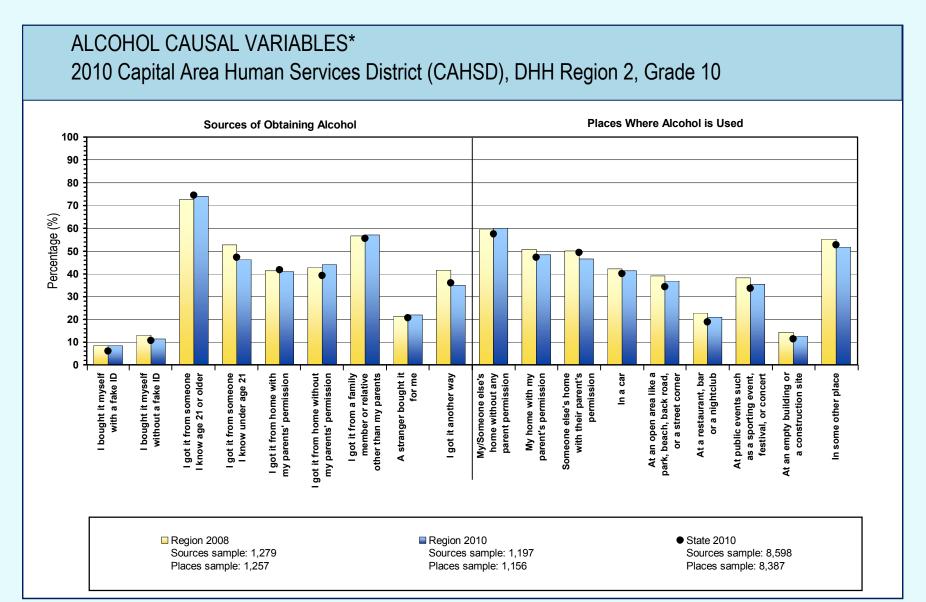
ALCOHOL CAUSAL VARIABLES* 2010 Capital Area Human Services District (CAHSD), DHH Region 2, Grade 6



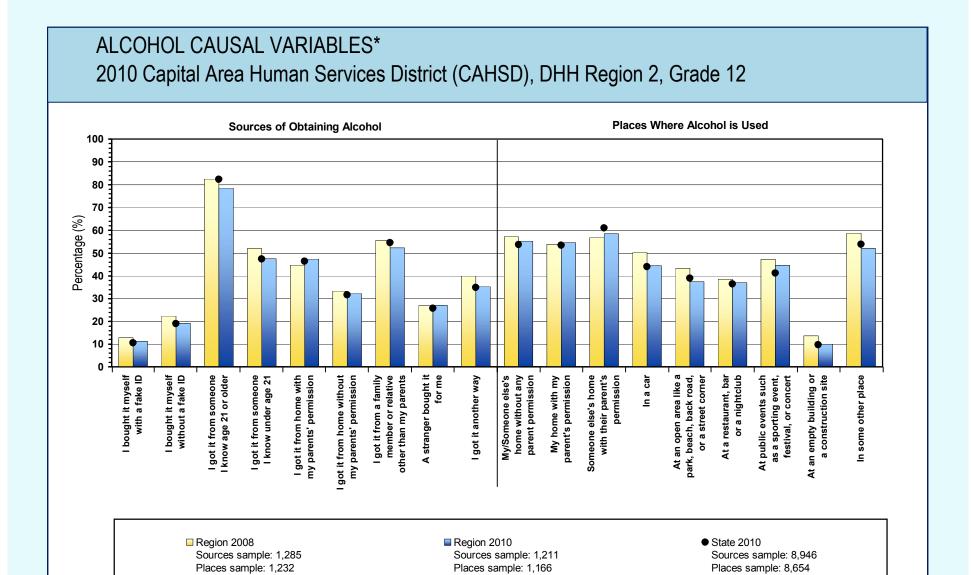
^{*} Students were initially asked if they drank alcohol in the past year. Students marking "no" were instructed to skip the two questions regarding sources of obtaining alcohol and places of alcohol consumption. Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.



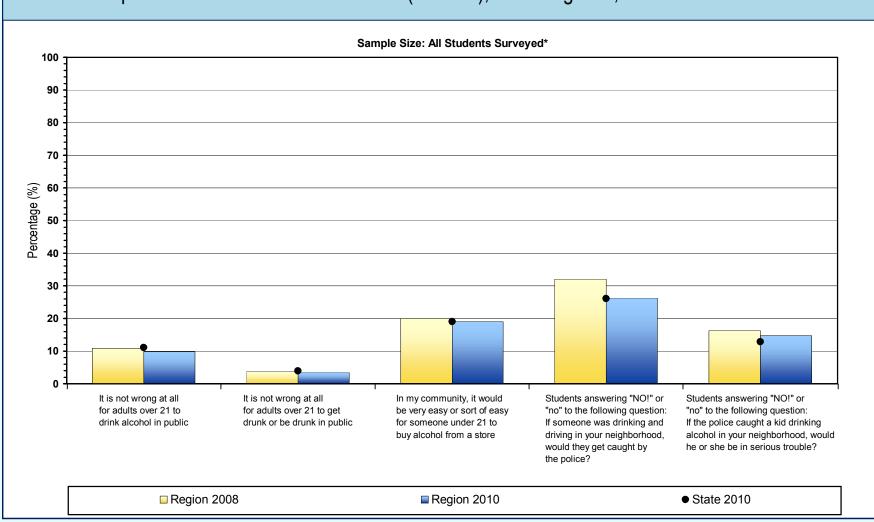
^{*} Students were initially asked if they drank alcohol in the past year. Students marking "no" were instructed to skip the two questions regarding sources of obtaining alcohol and places of alcohol consumption. Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.



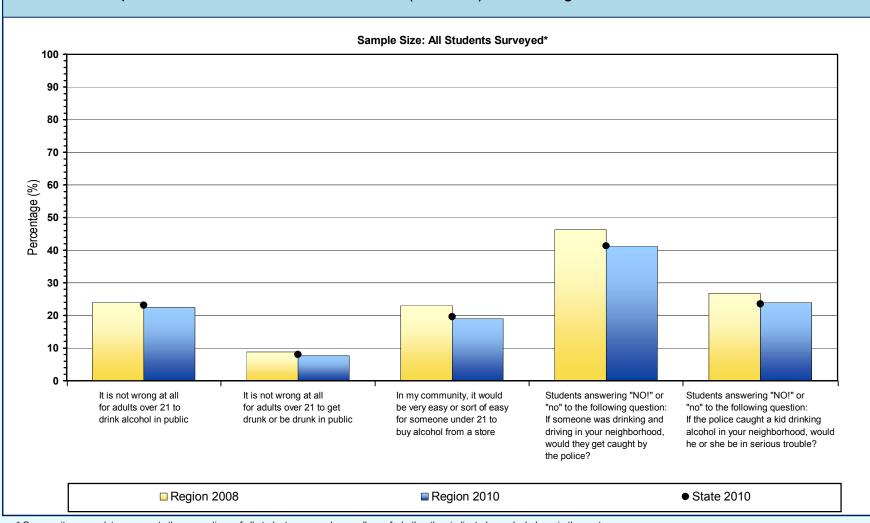
^{*} Students were initially asked if they drank alcohol in the past year. Students marking "no" were instructed to skip the two questions regarding sources of obtaining alcohol and places of alcohol consumption. Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.



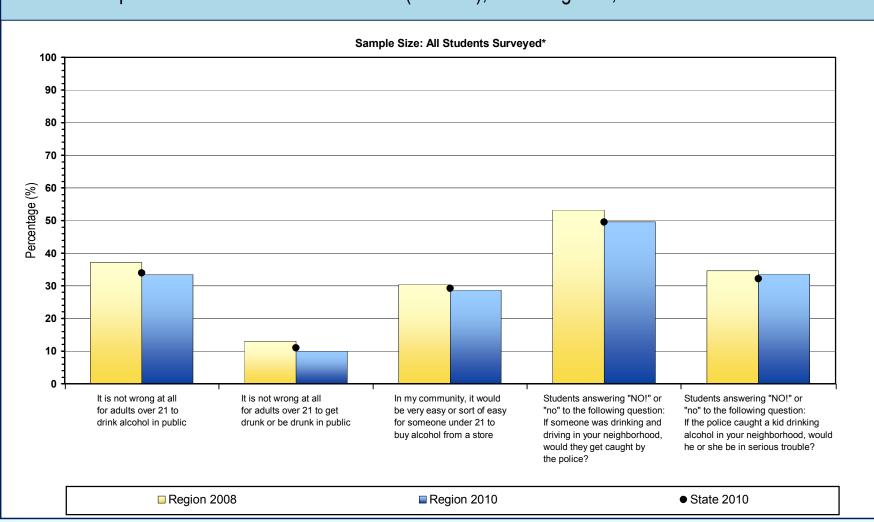
^{*} Students were initially asked if they drank alcohol in the past year. Students marking "no" were instructed to skip the two questions regarding sources of obtaining alcohol and places of alcohol consumption. Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.



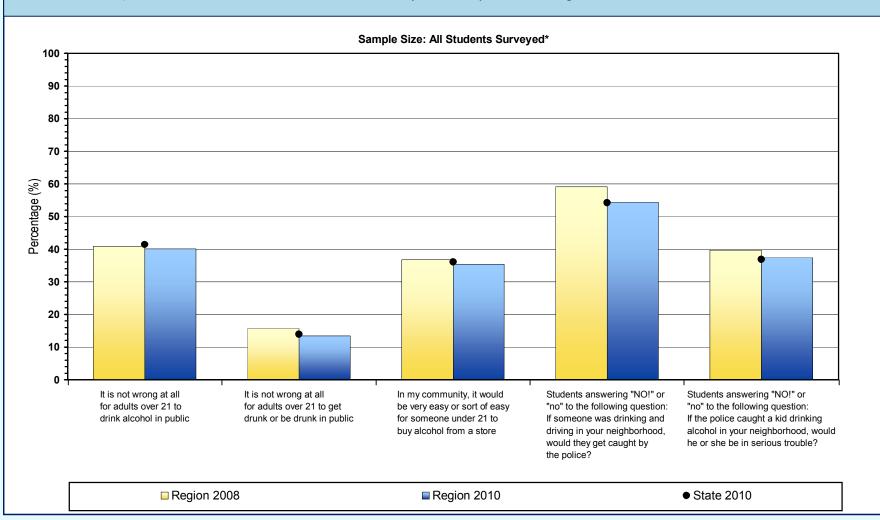
^{*} Community norms data represents the perceptions of all students surveyed, regardless of whether they indicated any alcohol use in the past year.



^{*} Community norms data represents the perceptions of all students surveyed, regardless of whether they indicated any alcohol use in the past year.



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^{*} Community norms data represents the perceptions of all students surveyed, regardless of whether they indicated any alcohol use in the past year.

Table 10. Alcohol Causal Variables*													
Sources of Obtaining Alcohol:		Grade 6			Grade 8			Grade 10			Grade 12		
If you drank alcohol (not just a sip or taste) in the past year, how did you get it?	Region 2008	Region 2010	State 2010										
Sample size**	307	279	2,086	966	720	6,337	1,279	1,197	8,598	1,285	1,211	8,946	
I bought it myself with a fake ID	9.1	16.5	9.3	8.2	10.3	6.3	8.4	8.4	6.0	12.7	11.2	10.5	
I bought it myself without a fake ID	13.7	18.6	12.3	9.9	11.1	9.1	13.1	11.4	10.6	22.4	19.2	19.1	
I got it from someone I know age 21 or older	52.4	55.2	55.4	64.4	64.2	66.8	72.6	74.0	74.5	82.4	78.5	82.3	
I got it from someone I know under age 21	26.7	30.5	29.2	40.1	40.3	38.3	52.7	46.3	47.3	52.0	47.6	47.4	
I got it from home with my parents' permission	41.7	41.2	41.3	39.6	39.2	39.9	41.4	40.9	41.8	44.7	47.4	46.4	
I got it from home without my parents' permission	33.2	34.1	33.1	42.0	40.1	42.0	42.8	44.0	39.3	33.4	32.3	31.7	
I got it from a family member or relative other than my parents	52.4	47.0	49.9	55.5	53.2	56.1	56.7	57.1	55.6	55.5	52.3	54.5	
A stranger bought it for me	11.1	17.2	13.3	15.7	16.9	14.6	21.4	22.0	20.8	26.9	27.0	25.8	
I got it another way	29.0	26.2	29.1	36.7	33.8	34.4	41.6	35.0	36.1	40.0	35.3	34.9	
Places Where Alcohol is Used:	Grade 6				Grade 8		Grade 10				Grade 12		
During the past year, did you drink alcohol at any of the following places?	Region 2008	Region 2010	State 2010										
Sample size**	367	337	2,391	1,012	741	6,371	1,257	1,156	8,387	1,232	1,166	8,654	
At my home or someone else's home without any parent permission	38.7	41.2	37.4	53.4	50.5	54.2	59.5	60.0	57.5	57.2	55.2	53.7	
At my home with my parent's permission	51.0	56.1	53.9	45.7	47.6	46.9	50.8	48.4	47.3	53.9	54.6	53.4	
At someone else's home with their parent's permission	36.0	35.3	32.7	37.6	35.1	38.8	50.1	46.5	49.3	56.8	58.5	61.0	
At an open area like a park, beach, back road, or a street corner	29.4	33.8	27.3	32.9	31.6	30.7	39.1	36.9	34.4	43.3	37.4	39.0	
At public events such as a sporting event, festival, or concert	32.7	36.5	28.8	31.3	30.5	30.5	38.3	35.5	33.6	47.2	44.6	41.3	
At a restaurant, bar, or a nightclub	23.2	22.6	15.5	18.9	19.6	16.9	22.8	21.0	19.0	38.6	37.0	36.5	
At an empty building or a construction site	16.1	19.0	15.3	15.7	14.0	13.8	14.3	12.6	11.3	13.6	9.9	9.7	
In a car	32.2	38.9	29.1	34.2	34.5	35.2	42.2	41.4	40.1	50.2	44.5	44.0	
In some other place	36.8	40.7	40.0	47.8	45.6	47.8	55.2	51.7	52.8	58.7	52.0	53.8	
Community Norms Regarding Alcohol Use:		Grade 6			Grade 8			Grade 10			Grade 12		
Student Perceptions†	Region 2008	Region 2010	State 2010										
It is not wrong at all for adults over 21 to drink alcohol in public.	10.9	9.8	11.1	23.9	22.4	23.1	37.1	33.4	33.9	40.8	40.1	41.4	
It is not wrong at all for adults over 21 to get drunk or be drunk in public.	3.7	3.4	3.9	8.8	7.6	8.0	13.0	10.0	11.0	15.7	13.4	13.9	
In my community, it would be very easy or sort of easy for someone under 21 to buy alcohol from a store.	20.0	19.0	19.0	23.0	19.0	19.6	30.4	28.7	29.2	36.7	35.4	36.0	
Students answering "NO!" or "no" to the following question: If someone was drinking and driving in your neighborhood, would they get caught by the police?	32.0	26.2	26.1	46.3	41.3	41.3	53.3	49.7	49.6	59.2	54.5	54.3	
Students answering "NO!" or "no" to the following question: If the police caught a kid drinking alcohol in your neighborhood, would he or she be in serious trouble?	16.3	14.7	12.8	26.7	23.9	23.5	34.6	33.6	32.1	39.7	37.4	36.8	

 $^{^{\}star}$ Alcohol sources, alcohol places, and community norms regarding alcohol use data were not gathered prior to 2008.

^{**} Students were initially asked if they drank alcohol in the past year. Students marking "no" were instructed to skip the two questions regarding sources of obtaining alcohol and places of alcohol consumption. Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

[†] Community norms data represents the perceptions of all students surveyed, regardless of whether they indicated any alcohol use in the past year.



Additional Data for Prevention Planning

			Gra	de 6			Gra	ide 8			Grad	de 10		Grade 12			
		Region 2006	Region 2008	Region 2010	State 2010												
Violence on School Grounds (Answered "no" or "NO!" to statement)	I feel safe at my school.	25.8	23.4	21.3	21.1	28.4	28.8	24.9	25.7	31.9	29.4	28.2	25.7	27.5	25.5	26.2	21
Prevalence of Violence (Answered one or more times in the past year)	How many times in the past year have you attacked someone with the idea of seriously hurting them?	20.5	20.2	18.1	16.4	24.1	25.1	22.0	19.1	22.9	22.5	19.5	17.0	17.1	17.5	14.9	13.
Perception of Peer Disapproval (Answered "Wrong" or "Very Wrong" to question)	How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?	88.2	89.4	91.1	91.7	81.6	82.4	83.7	85.7	80.0	81.0	82.7	84.1	84.4	84.7	86.8	87.
Avoidance of School in the Past Month Due to Bullying (Answered 1 or more days to question)	During the past 30 days, on how many days did you NOT got to school because you felt you would be unsafe at school or on the way to or from school?	n/a	11.2	10.3	10.0	n/a	10.4	9.0	9.1	n/a	8.2	8.1	7.4	n/a	8.6	6.8	6
Bullying in the Past Year (Answered 1 or more days to question)	During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	n/a	24.7	25.4	27.9	n/a	20.1	19.5	22.8	n/a	11.1	12.7	15.7	n/a	8.4	8.5	9.
Suicidal Ideation (Answered "Yes" to question)	During the past 12 months, did you ever seriously consider attempting suicide?	n/a	9.5	7.7	8.5	n/a	12.4	14.0	14.2	n/a	13.5	13.6	14.9	n/a	9.8	9.9	10.
Depressive Symptoms	High Depressive Symptoms	2.3	2.8	2.3	2.4	3.4	3.4	3.4	4.4	3.6	3.2	3.6	4.3	2.5	2.7	1.9	2
Calculation (Calculated from student responses to four	Moderate Depressive Symptoms	82.0	77.8	76.4	76.7	77.2	76.0	72.3	73.1	78.0	76.2	74.5	74.8	74.7	71.1	71.1	70
depressive symptoms questions*)	No Depressive Symptoms	15.7	19.4	21.3	20.9	19.4	20.6	24.3	22.5	18.4	20.6	21.9	21.0	22.8	26.2	27.0	26

^{*} The four depressive symptoms that were asked on the survey questionnaire were: 1) Sometimes I think that life is not worth it, 2) At times I think I am no good at all, 3) All in all, I am inclined to think that I am a failure, and 4) In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes? The questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups. The first group was the High Depressive Symptoms group who scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked "YES!" to all four items or marked "yes" to one item and "YES!" to three. The second group was the No Depressive Symptoms group who marked "NO!" to all four of the items, and the third group was a middle group who comprised the remaining respondents.



Additional Data for Prevention Planning

									2242					
		Substance						Regior	1 2010					
Outcome	Definition		Grade 6		Grade 8		Grade 10		Grade 12		Male†		Female †	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk*	drink 1 or two drinks nearly every day	Alcohol	60.7	3,963	61.1	3,628	67.6	3,398	69.0	2,633	58.9	6,135	68.7	7,10
(People are at Moderate or Great Risk of harming themselves if they)	smoke 1 or more packs of cigarettes per day	Cigarettes	72.0	4,055	79.8	3,686	86.5	3,463	86.2	2,701	78.8	6,286	82.3	7,22
thomoores in they,	smoke marijuana regularly	Marijuana	75.8	3,892	77.8	3,534	73.5	3,350	68.2	2,620	70.1	6,039	78.5	6,97
Perception of Parent Disapproval*	drink beer, wine, or hard liquor regularly	Alcohol	96.3	3,775	90.7	3,459	82.2	3,256	74.7	2,553	87.6	5,825	86.6	6,85
(Parents feel it would be	smoke cigarettes	Cigarettes	98.4	3,754	96.6	3,427	93.7	3,245	89.2	2,543	94.7	5,784	95.2	6,828
Wrong or Very Wrong to) smoke marijuana		Marijuana	98.8	3,676	96.3	3,387	93.7	3,211	92.1	2,525	95.0	5,699	96.1	6,758
Perception of Peer Disapproval* (I think	drink beer, wine, or hard liquor regularly	Alcohol	94.3	4,219	81.7	3,847	66.7	3,612	61.6	2,813	77.4	6,619	78.1	7,45
it is Wrong or Very Wrong	smoke cigarettes	Cigarettes	96.6	4,211	88.7	3,833	80.0	3,605	71.0	2,813	85.1	6,599	85.7	7,44
for someone my age to)	smoke marijuana	Marijuana	97.6	4,200	89.6	3,840	78.5	3,612	75.1	2,816	84.0	6,601	88.5	7,456
	at least one use in the	Alcohol	7.7	4,027	20.1	3,713	34.4	3,442	42.2	2,686	23.3	6,275	25.3	7,20
Past 30-Day Use*	at least one use in the past 30 days	Cigarettes	1.8	3,948	6.4	3,631	11.4	3,383	16.8	2,656	9.3	6,125	7.5	7,11
		Marijuana	0.9	4,000	4.8	3,696	11.3	3,438	14.1	2,674	8.8	6,243	5.5	7,17
Average Age of Onset**														
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
	had more than a sip or two of beer,	Alcohol	25.0	4,229	45.6	3,870	65.4	3,623	71.2	2,814	48.3	6,642	50.5	7,47
/How old ware you	wine or hard liquor?	Average age:	10.7		11.7		13.0		14.0		12.3		12.8	
(How old were you when you first)	smoked a cigarette, even just a puff?	Cigarettes	9.7	4,253	23.6	3,875	36.1	3,634	41.5	2,824	27.1	6,667	25.2	7,498
whom you mou	puil !	Average age:	10.7		11.5		12.5 years		13.5 years		12.2 years		12.5 years	
	smoked marijuana?	Marijuana	2.4	4,270	11.5	3,894	25.6	3,636	31.9	2,817	18.2	6,679	14.4	7,517
		Average age:	11.7	years	12.3	years	13.5	years	14.7	years	13.4	years	13.9 years	

^{*} For Past 30-Day Use, Perception of Risk, and Perception of Parental/Peer Disapproval, the "Sample" column represents the sample size - the number of people who answered the question and whose responses were used to determine the percentage. The "Percent" column represents the percentage of youth in the sample answering the question as specified in the definition.

^{**} For Average Age of Onset, the "Sample" column represents the overall sample size: the total number of people that responded to the questions about Age of Onset. This includes responses that are not used to calculate the average age of onset (i.e., youth that have never used alcohol, tobacco, and marijuana). The "Percent" column represents the percentage of youth in the sample reporting any age of first use for the specified substance. "Average age" is calculated by averaging the ages of first use of students reporting any use.

[†] The male and female values allow a gender comparison for youth who completed the survey. However, unless the percentage of students who participated from each grade is similar, the gender results are not necessarily representative of males and females in the community. In order to preserve confidentiality, male or female values may be omitted if the total number surveyed for that gender is under 20.



Risk and Protective Scale Definitions

Table 13. Scales that Mea	sure the Risk and Protective Factors Shown in the Profiles
Community Domain Risk Fo	actors
Low Neighborhood Attachment	Research has shown that youth who don't like the neighborhoods in which they live are more likely to become involved in juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs and Handguns	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
Community Domain Protect	tive Factors
Rewards for Prosocial Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
Family Domain Risk Factors	s
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Family Domain Protective F	Factors
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Opportunities for Prosocial Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
School Domain Risk Factors	
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.



Risk and Protective Scale Definitions

Table 13. Scales that Mea	sure the Risk and Protective Factors Shown in the Profiles (cont'd)
School Domain Protective Fo	actors
Opportunities for Prosocial Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Peer-Individual Risk Factors	s
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective F	Factors
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Contacts for Prevention

Regional Prevention Contacts

Region I

Metropolitan Human Services District

400 Poydras, Suite 1800 New Orleans, LA 70130 (504) 568-3130 (504) 568-3134 fax

Region II

Capital Area Human Services District

4615 Government Street, Bldg. 2 Baton Rouge, LA 70806 (225) 925-3827 (225) 362-5363

Region III

South Central Louisiana Human Services Authority

521 Legion Ave. Houma, LA 70364 (985) 857-3612 (985) 857-3707 fax

Region IV

Lafayette Office of Behavioral Health

302 Dulles Drive, Suite 1 Lafayette, LA 70506 (337) 262-1611 (337) 262-1105 fax

Region V

Lake Charles Office of Behavioral Health

3501 5th Avenue, Suite A Lake Charles, LA 70607 (337) 475-3100 (337) 475-3105 fax

Region VI

Pineville Office of Behavioral Health

401 Rainbow Drive, Unit 35 P. O. Box 7118 Alexandria, LA 71306-0118 (318) 487-5191 (318) 487-5453 fax

Region VII

Northwest Regional Center Office of Behavioral Health

8932 Jewella Ave. Shreveport, LA 71118 (318) 632-2040 (318) 632-2038 fax

Region VIII

Office of Behavioral Health

2513 Ferrand Street Monroe, LA 71201 (318) 362-3270 (318) 362-3268 fax

Region IX

Florida Parishes Human Services Authority

19404 North 10th Street Covington, LA 70433 (985) 543-4070 (985) 543-4073 fax

Region X

Jefferson Parish Human Services Authority

Division of Child & Family Services 5001 Westbank Expressway, Suite 11 Marrero, LA 70072 (504) 371-0172 (504) 349-8768 fax

Contacts for Prevention

State Contacts

DHH/Office of Behavioral Health

628 North 4th Street, Fourth Floor P. O. Box 4049 Baton Rouge, LA 70802-4049 (225) 342-2540 phone (225) 342-3931 fax www.dhh.state.la.us/oada

Governor's Office Office of Community Programs

State Office Building 150 North Third Street, 1st Floor Baton Rouge, LA 70802 (225) 342-3423 / (800) 827-5885 (225) 342-7081 fax www.ladrugpolicy.org

Louisiana Office for Behavioral Health **Caring Communities Youth Survey Partners in Prevention** www.dhh.state.la.us/oada

Louisiana Department of Education Division of School and Community Support 1201 North Third Street Baton Rouge, LA 70802 (225) 342-3338 phone (225) 219-1691 fax www.louisianaschools.net

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National Contacts & Resources

Center for Substance Abuse Prevention (CSAP)

prevention.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention (OJJDP) www.ojjdp.ncjrs.org

Safe and Drug Free Schools and **Communities Program** U.S. Department of Education www.ed.gov/offices/OESE/SDFS

Substance Abuse and Mental Health Services Administration (SAMHSA) Prevention **Platform** preventionplatform.samhsa.gov/

Social Development Research Group, University of Washington depts.washington.edu/sdrg/

National Clearing House for Alcohol & Drug Information www.health.org

Southwest Center for the Application of **Prevention Technology** www.swcapt.org

For more information about this report or the information it contains, please contact the Louisiana Department of Health and Hospitals Office of Behavioral Health (OBH), Addictive **Disorders Services:**

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